



Marton Activity Centre

MAC Policy

ANAPHYLAXIS MANAGEMENT

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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.

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. We aim to minimise the risk of an anaphylactic reaction occurring at our Service by following our Anaphylaxis Management Policy. We will implement risk minimisation strategies and ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction by adhering to a child's medical management plan and/or action plan. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

POLICY STATEMENT

Marton Activity Centre aims to minimise the risk of an anaphylactic reaction occurring at our Service by implementing risk minimisation strategies and ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction. We will also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or reduced.

SCOPE

This policy applies to the children, families, staff, management, the approved provider, nominated supervisor, students and visitors of Marton Activity Centre.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- A safe environment for children free of foreseeable harm and
- Adequate Supervision of children at all times.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Staff members including relief staff need to be aware of children at the Out of School Hours Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's Medical Management Plans, Risk minimisation plan and required medication.

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)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame

Certain insect stings (particularly bee stings)

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

- difficult/noisy breathing
- swelling of 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 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 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. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's action plan in prominent positions within the Out of School Hours Service.

A copy of all medical conditions policies will be provided to all educators, volunteers, and families of the Service. It is important that communication is open between families and educators to ensure that appropriate management of anaphylactic reactions are effectively implemented.

It is imperative that all educators and volunteers at the Out of School Hours Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTO-INJECTOR IN OUTSIDE OF SCHOOL HOURS

CARE SERVICES:

In some cases, children over preschool age attending an Out of School Hours Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school. To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Regulation 96).

At MAC, all families who have a child who attends the service with an allergic reaction that requires an epi pen or auto-injector must provide the service with one that must be always kept on site in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person.

MANAGEMENT / NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE:

- 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 form/record.
- If the answer is yes, the parent/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the service (see section below- In services where a child is diagnosed as 'at risk of anaphylaxis'.
- 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.
- All parents/guardians are asked as part of the enrolment procedure, and prior to their child's attendance at the Out of School Hours Care Service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, the parents/guardians are required to provide a medical management action plan signed by a Registered Medical Practitioner
- That some staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- That at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) who has completed an anaphylaxis management training approved by the Education and Care Services National Regulations is in attendance whenever children are being educated and cared for by the Service
- that staff are provided with ASCIA anaphylaxis e-training (every two years) to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis including training in the administration of the adrenaline auto-injection device (not mandated, but recommended as best practice)
- That all staff members have completed anaphylaxis management training approved by the Education and Care Services National Regulations at least every two (2) years
- That all staff members, 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 months, recording this in the staff records
- That all staff members are aware of symptoms and recommended action for allergy and anaphylaxis, any child at risk of anaphylaxis enrolled in the service, the child's individual medical management plan/action plan, the location of their anaphylaxis action plan and EpiPen kit® / Anapen ® device.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Out of School Hours Service.

- That updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- That all management and staff remain up to date with changes to individual children's action plans
- The Out of School Hours Service receives an up to date copy of the action plan every 12 to 18 months or if changes have occurred to the child's diagnosis or treatment.

IN OUT OF SCHOOL HOURS SERVICES WHERE A CHILD IS DIAGNOSED AT RISK OF ANAPHYLAXIS IS ENROLLED THE NOMINATED SUPERVISOR SHALL ALSO:

- meet 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 a medical management plan developed in collaboration with the family and a medical practitioner is provided
- 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
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for the allergy/anaphylaxis (signs and symptoms)
 - first aid/emergency action that will be required
 - administration of adrenaline autoinjectors
 - ASCIA Action Plan
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- Conduct an assessment of the potential for accidental exposure to allergens while the child/children 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/children.
- Ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Out of School Hours Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan).
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis 2021 (**RED**) for each child with a diagnosed risk of anaphylaxis in key locations at the OSHC Service, for example, in

the main area of the OSHC service, near the 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 in the service know the location of the auto-injection device kit
- 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 / treatment for that child and the circumstances in which the medication should be used
- Collaborate with parents/guardians to develop and implement a communication plan and encourage communication regarding the status of the child's allergies, this policy and its implementation.
- Ensure that 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 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 high levels of care in 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 that a notice is displayed prominently in the main entrance of the OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- Casual educators in the OSHC Service are encouraged to complete 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 anaphylaxis medical management action plan and the location of the auto-injection device kit
- 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 emergency contact card by the telephone
- Ensure that all staff in the OSHC Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit
- Ensure that a staff member accompanying children outside the OSHC Service during excursions or any other out of service activities carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- Provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis

EDUCATORS WILL:

- Read and comply with the anaphylaxis management policy, medical conditions policy and administration of medication policy

- Ensure that that a current 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 Out of School Hours Service
- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff, visitors, and students in the Out of School Hours Service
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- 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.
- Ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions.
- Ensure tables and bench tops are washed down effectively after eating
- Ensure all children wash their hands upon arrival at the Out of School Hours Service and before eating
- Increase supervision of a child at risk of anaphylaxis on special occasions 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 medical management plan
- 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 Out of School Hours Service e.g. on excursions that this child attends 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 Out of School Hours Service community about resources and support for managing allergies and anaphylaxis

In the event 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
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

IN THE EVENT THAT A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION THE SERVICE AND STAFF WILL:

- Follow the child's anaphylaxis action plan.
- 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.
- Contact the parent/guardian
- Contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Notify regulatory authority.

FAMILIES WILL:

- All parents/guardians are asked as part of the enrolment procedure, and prior to their child's attendance at the Out of School Hours Care Service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, the parents/guardians are required to provide a medical management action plan signed by a Registered Medical Practitioner
- That all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- That at least one educator who has completed an anaphylaxis management training approved by the Education and Care Services National Regulations is in attendance whenever children are being educated and cared for by the Service
- That all staff members have completed anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 two (2) years
- That all staff members, 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 months, recording this in the staff records
- That all staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit® / Anapen ®.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Out of School Hours Service.
- That updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families and staff
- That all management and staff remain up to date with changes to individual children's action plans

- The Out of School Hours Service receives an up-to-date copy of the action plan every 12 to 18 months or if changes have occurred to the child's diagnosis or treatment.
- Supply the service with an in date epi pen before the child attends the service

EDUCATING CHILDREN

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and '_____ is allergic to that food'.
- Help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions.
- staff will talk about signs and symptoms of allergic reactions to children (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny).
- with older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared
- Educators and staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance, and inclusion of the allergic child.

REPORTING PROCEDURES:

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

After each emergency situation the following will need to be carried out:

- Staff members involved in the situation are to complete an Incident, Injury, Trauma and Illness Record/Report, 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/Report
- If necessary, a copy of the completed form will be sent to the insurance company
- A copy of the Incident, Injury, Trauma and Illness Report will be placed in the child's file
- The 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 as per regulations
- Staff will be debriefed after each anaphylaxis incident and the child's individual Anaphylaxis medical 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.

CONTACT DETAILS FOR RESOURCES AND SUPPORT

[Australasian Society of Clinical Immunology and Allergy](#) (ASCIA) provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Important information: The ASCIA Action Plan for Anaphylaxis must be completed by a medical practitioner.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plan are the 2021 versions, however previous versions (2020 and 2018) are still valid for use throughout 2021 and 2022. There are two types of ASCIA Action Plans for Anaphylaxis:

ASCIA Action Plan 2021 (**RED**) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors. (plans are available for EpiPen or Anapen)

ASCIA Action Plan for Allergic Reactions (**GREEN**) is for adults or children with (medication) allergies who have not been prescribed adrenaline autoinjectors.

A new ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) 2021 EpiPen have replaced the general versions of ASCIA Action plans for Anaphylaxis(Orange).

[Allergy & Anaphylaxis Australia](#) is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site. Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

[Royal Children's Hospital Anaphylaxis Advisory Support Line](#) provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadvice@rch.org.au

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

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[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

[NSW Government- anaphylaxis education- the children's hospital-](#) video on anaphylaxis and allergy.

ADDITIONAL INFORMATION:

- www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care
- <https://education.nsw.gov.au/search?site=%2Fcontent%2Fmain-education%2Fen%2Fhome&access=s&q=anaphylaxis>
- <https://education.nsw.gov.au/parents-and-carers/wellbeing/health-and-safety/supporting-children-with-anaphylaxis-at-school>

CONSIDERATIONS**NATIONAL QUALITY STANDARDS (NQS)**

Quality Area 2: Children's Health & Safety		
2.1.1	Wellbeing & Comfort	Each child's wellbeing & comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest & relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision to ensure children are protected from harm & hazard.
2.2.2	Incident & emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

Education and Care Services National Regulations and National law NSW		
Reg	12	Meaning of a serious incident
Reg	85	Incident, injury, trauma & illness policies, and procedures.
Reg	86	Notification to parents of incident, injury, trauma, and illness
Reg	87	Incident, Injury, trauma, and illness record
Reg	89	First aid kits
Reg	90	Medical Conditions Policy
Reg	91	Medical Conditions Policy to be provided to parents.
Reg	92	Medication Record
Reg	93	Administration of Medication
Reg	94	Exception to Authorisation requirement - Anaphylaxis or Asthma Emergency
Reg	95	Procedure for Administration of Medication
Reg	96	Self-Administration of Medication

Reg	136	First Aid Qualifications
Reg	162	Health information to be kept in enrolment record
Reg	168	Education and care service must have policies and procedures
Reg	170	Policies and procedures to be followed
Reg	173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
Reg	174	Time to notify certain circumstances to regulatory authority.

SOURCE

Australian Children's Education & Care Quality Authority (2014)
Guide to the Education & Care services National Law & the Education & Care Services National Regulations.
ECA Code of Ethics
Guide to the National Quality Standard
Staying Healthy in Child Care. 5th Edition
Asthma Australia - www.asthmaaustralia.org.au
Education and care service national law act 2010 (Amended 2018)
Education and care services national regulations (2011)
Australia Asthma Handbook - www.astmahandbook.org.au/diagnosis/children
Anaphylaxis- NSW Government website- Education
Anaphylaxis and Allergy- NSW Anaphylaxis Education Program, Sydney Children's Hospitals Network

SERVICE POLICIES/ DOCUMENTATION

Policies	
Administration of First Aid Policy	Dealing with Medical Conditions and Administration of Medication.
Incident, Illness, Accident, Trauma Policy	Privacy & Confidentiality
Medical Conditions Policy	Supervision