



Mitcham Community House

Anaphylaxis and Allergies Management Policy

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| Policy number | CC1 | Date approved: | 7 th October 2015 COM mtg |
| Draft No. | Final | Scheduled review date: | 7/10/2017 Reviewed 20/03/2018 By Manager- minor changes Approved by COM on 11/04/18 |

INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction.

The Mitcham Community House Children's Service 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 EpiPen, EpiPen Junior, Anapen, Anapen Junior or other adrenaline auto-injector.

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.

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:

- 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; and
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Anaphylaxis and Allergies Management Policy - continued

PURPOSE

The aim of this policy is to:

- minimise the risk of an allergic or severe allergic (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 adrenaline auto-injector, raise the service community's awareness of allergic reactions, including anaphylaxis, and their management through education and policy implementation.
- **Considerations:**
 - Philosophy: Protection of children in the service ; inclusiveness / non-discrimination; educating parents; raising community awareness.
 - Legislation: Duty of Care requirements; Equal Opportunity – Anti-discrimination; Privacy Act 1988; Child Care Services Act 2007 and relevant regulations (WA); Poisons Act 1964; Poisons Regulations 1965;
 - Children's needs: To be accepted as normal – not singled out as different; to feel safe: to be protected from their allergens.
 - Parent's needs: To reduce their anxiety and feel confident that their child is safe; to feel that their concerns are taken seriously.
 - Staff needs: Training; clear action plans to follow; opportunities to practice and refresh knowledge; to reduce their anxiety in dealing with an anaphylactic response; to debrief after an incident; sufficient notice of the introduction of new policy.
 - Management needs: That parents/guardians understand the serious nature of some allergies and how they can assist the service to avoid allergens; to be informed and educated in regard to anaphylaxis; appropriate policies are written, adhered to and regularly updated; staff are prepared to act in emergency situations; Action Plans are prepared with input from a child's medical practitioner and parent/guardian, and endorsed by both.

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing with approximately 1 in 20 Australian children having food allergy and approximately 1 in 50 having peanut allergy.

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)

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 volunteer and visiting specialists.

AUTHORISATION

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| Signature of Committee Chairperson | |
| Date of approval by the Committee | |



Mitcham Community House

Anaphylaxis and Allergies Management Procedures

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| Policy number | CC1 | Date approved: | 15/08/2013 |
| Draft No. | Final | Scheduled review date: | 15/08/2015 |

IDENTIFYING ALLERGIC CHILDREN

- Prior to enrolment or as soon as an allergy is diagnosed, the child care service will develop an Individual Anaphylaxis Health Care Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- At the time of enrolment parents/guardians will be asked to identify if their child has any special dietary needs. Where special needs are stated, the parent/guardian will be asked to complete a 'Special Diet Record Form' (see Appendix 6). This form will be reviewed with the parent/guardian every six months, and a copy will be provided to those staff members who have responsibility for preparing food.

Whenever a child with severe allergies is enrolled at the child care service, or newly diagnosed as having a severe allergy, all staff will be informed of:

- The child's name and room;
 - Where the child's ASCIA Action Plan will be located;
 - Where the child's adrenaline autoinjector is located;
 - Which staff member(s) will be responsible for administering the adrenaline autoinjector.
- New and relief/casual staff will be given information about children's special needs (including children with severe allergies) during the orientation process.
 - The child care service will discuss the provision of a Medic Alert bracelet for the child at risk of anaphylaxis with parents/guardians.

PROCEDURES

The licensee 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 children's service in consultation with staff and the families of the child/ren.
- ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training.
- ensure that if relieving staff are used they are trained in anaphylaxis management or if not, that there is a regular staff member present with that training.
- ensure that no child who has been prescribed an adrenaline auto-injector is permitted to attend the service without that device.

- inform parents/guardians of this policy through the information booklet they receive on enrolment.
- encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.

Staff shall:

- give a copy of this policy to the parents/guardians of the child at risk of anaphylaxis upon enrolment of the child.
- complete a risk minimisation plan for each child at risk of anaphylaxis and which is signed by the parents/guardians of the child at risk.
- display a copy of each child's anaphylaxis action plan that is clearly visible to all staff.
- practise EpiPen, Anapen or other adrenaline auto-injector administration procedures using adrenaline auto-injector trainers and anaphylaxis scenarios on regular basis, preferably quarterly.
- 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 check that this information has been recorded on the enrolment form. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by the child's doctor.
- ensure that the parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete adrenaline auto-injector kit while the child is in care.
- make sure that the adrenaline auto-injector kit is stored in a location known to all staff, including any relieving staff; is accessible to adults and not to children, but is not locked away; is stored away from direct sources of heat.
- regularly check the adrenaline auto-injector expiry date.
- ensure there is no trading or sharing of food, food utensils and containers with this child.

Anaphylaxis and Allergies Management Procedures - continued

- hold non-allergic babies when they drink their milk/formula if there is a child/ren at risk who is allergic to milk.
- ensure the tables and bench tops are washed down before and after eating (refer to Infection Control and Hygiene Policy 5w).
- ensure that all children wash their hands upon arrival at the service, before and after eating (refer to Infection Control and Hygiene Policy 5w).
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of the allergic child and these foods should be consistent with the risk minimisation plan.
- supervise children closely at snack times and, while eating, they should be seated at the tables in the childcare room at all times.
- non-food rewards should be used for all children.

Parents/guardians shall:

- inform staff, either on enrolment or on diagnosis, of their child's allergies.
- provide staff with either an ASCIA Action Plan for Allergic Reactions or an ASCIA Action Plan for Anaphylaxis that has been signed by the child's doctor and give written consent to use the adrenaline auto-injector in line with this action plan.
- provide staff with a complete adrenaline auto-injector kit. The adrenaline auto-injector should be stored and provided in an insulated container.
- regularly check the adrenaline auto-injector expiry date.
- assist staff by offering information and answering any questions regarding their child's allergies.
- notify the staff of any changes to their allergy status and provide a new allergies or 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.
- comply with our policy that no child who has been prescribed with an adrenaline auto-injector is permitted to attend our childcare service without that adrenaline auto-injector.
- provide drink bottles and lunch boxes that are clearly labelled with the child's name.
- provide food for their child which does not contain the specified allergens or ingredients as determined in the risk minimisation plan.
- provide a highchair if required for the child.

An ASCIA generic poster called "*Action Plan for Anaphylaxis*" will be displayed in a key location at the service.

Anaphylaxis and Allergies Management Procedures - continued

An ambulance contact card will be displayed by the telephone.

Emergency procedures to be followed in the event that a child is having an anaphylactic reaction:

- Call an ambulance immediately by **dialling 000**.
- Commence first aid procedures. adrenaline auto-injector (if supplied for the child and authorised in writing) will be administered by the childcare worker with training in the administration of an adrenaline auto-injector.
- Contact the parents/guardians.
- Contact the person to be notified in the event of illness if the parents/guardians cannot be contacted.
- The second childcare worker and volunteer on duty will supervise the other children.
- Office staff will let the ambulance officers into the childcare room.
- A childcare worker will remain and comfort the child in a quiet place until the ambulance worker arrives.
- The circumstances under which the adrenaline auto-injector was administered must be recorded in the "Accident, Injury and Illness Record".
- The incident must be reported to the Department of Human Services within 48 hours.

Risk Minimisation for Stings and Bites and other Allergens

1. Specify play areas that are lowest risk and encourage the child and their peers to play in this area.
2. Reasonable measures should be taken to decrease number of plants that are known to attract stinging insects or ticks
3. Ensure children wear appropriate clothing and shoes when outdoors.
4. Be aware of bees on pools, around water, and in grassed or garden areas.
5. Educate children to avoid drinking from open drink containers, particularly those that contain sweet drinks.
6. To help prevent tick bites, cover skin and brush clothing before coming indoors.
7. Child care staff will regularly inspect for bee and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.
8. Particular care will be taken when planning cooking or craft activities involving the use of empty food packaging to avoid inadvertently exposing the child to allergens. The same level of care will be employed to outside activities.
9. Child care staff will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at the child care service by:
 - talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to a carer when they are having an anaphylactic reaction;
 - taking the child's and their parent's/guardian's concerns seriously;
 - making every effort to address any concerns they may raise.

EDUCATION OF CHILDREN

- Child care staff 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’.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, 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.
- Child care 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.

Communication Plan

Staff and Volunteers

Staff will be trained in Anaphylaxis Management and Administration of an adrenaline auto-injector as part of their employment contract and will undertake yearly training updates along with yearly CPR updates. First aid training must include:

- Emergency life support and cardio-pulmonary resuscitation
- Convulsions
- Poisoning
- Respiratory difficulties
- Management of severe bleeding
- Injury and basic wound care appropriate for children

Anaphylaxis management training must include training in the following:

- Signs, symptoms and management of anaphylactic shock including administration of an adrenaline auto-injection device, and
- Risk minimisation and management strategies for allergic reactions and anaphylaxis appropriate for children

Staff must check the Department of Education and Training for approved accredited anaphylaxis management courses.

Staff will practice administering an adrenaline auto-injector using the training kit each term. The Childcare Coordinator will be responsible for conducting this training and will report to the Committee of Management when this has been undertaken.

Volunteers will, on commencement of their duties, be given an orientation session by the Childcare Coordinator to explain the MCH Anaphylaxis and Allergies Management Policy, Risk Management Plan, Communication Plan and the role of the volunteer in an emergency.

Anaphylaxis and Allergies Management Procedures - continued

The Childcare Coordinator will be responsible for making sure that all staff and volunteers know when there is a child in care that is at risk of anaphylaxis and that all staff and volunteers know where the child's management plan and adrenaline auto-injector are located.

Parents

Parent(s) of the Child at Risk

A parent of a child at risk of anaphylaxis will be given a copy of the MCH Anaphylaxis and Allergies Management Policy, and will provide the childcare staff with her child's medical management plan. The childcare staff, in conjunction with the parent of the child at risk, will complete a risk minimisation plan for the child.

The parent of the child at risk will let the childcare staff if there is any change to the child's medical management plan, provide an updated copy and the childcare staff will adjust the risk minimisation plan as required.

The childcare staff will tell the parent of the child at risk that the child cannot be left unless the child has a complete and current adrenaline auto-injection kit.

Other Parents

The Childcare Coordinator will:

- Place a notice on the front door stating that there is a child at risk and that further information is available from the Childcare Coordinator.
- Give each family general information on anaphylaxis and a letter outlining what action needs to be taken to prevent the child at risk having an anaphylactic reaction - for example, exclusion of certain foods, additional hygiene procedures.

Children in Care

Childcare Coordinator to discuss with children in care while they are having their snack about how for some children certain food can make them unwell, importance of hand washing and not to share food - only if there is a child at risk and only if appropriate for the ages of the children in care.

Visitors

Childcare Coordinator to inform any visitors that there is a child at risk of anaphylaxis.

Anaphylaxis and Allergies Management Procedures - continued

Anaphylaxis Risk Minimisation Plan **(To be attached to the child's enrolment form)**

| | |
|---|--|
| Name of Child: | |
| Name of Parent(s)/Guardian(s): | |
| Contact Details: | |
| | |
| Date of Interview with parent(s)/guardians | |
| This child is allergic to: | |
| | |
| Strategies to minimise risk of exposure: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Staff and volunteers notified of the child at risk, shown location of child's medical management plan (including child's photo):

| Name of staff member(s) or volunteer(s) | Date |
|--|-------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Anaphylaxis and Allergies Management Procedures - continued

Checklist

| Item | Date Checked |
|--|--------------|
| Interview with Family of Child at Risk | |
| Family has provided a copy of the child's medical management plan that has been signed by the child's doctor. | |
| The child's management plan has been attached to the child's enrolment form. | |
| A copy of the child's management plan including a photo is clearly displayed. | |
| Family has been given a copy of MCH Anaphylaxis Policy. | |
| Family member provides a complete adrenaline auto-injector kit - check expiry date of auto-injector device, that it is in an insulated container and if antihistamine is prescribed that it is included in the kit. | |
| All staff and volunteers told where the adrenaline auto-injector kit is kept for the child. | |
| Regular checks of the expiry date of the adrenaline auto-injector are undertaken by Childcare Coordinator and family of the child. | |
| Letter to Other Families | |
| Letter sent to parents notifying them that there is a child at risk in care and stating the steps required to minimise the risk of exposure for that child. | |
| Update sent to parents as required. | |
| While child at risk is in care | |
| Childcare staff undertake safety check before the session starts. | |
| Child has his/her own high chair if required for feeding. | |
| That all children wash their hands before and after snack time or at other times if required by the child at risk's management plan. | |
| Check that the snacks brought by all the children are appropriate for the child at risk. | |
| Supervise the child at risk at snack time to ensure that he/she only eats his/her snack. | |
| Family has provided a safe treat box on the day of a celebration that includes food provided by the Children's Service. | |