

Last reviewed: July 2019

## **Nillumbik Playhouse Policy**

### **Anaphylaxis**

#### **POLICY STATEMENT**

Anaphylaxis is a severe form of allergy reaction and it can be fatal. While the incidence of death from anaphylaxis is very low, children can die without appropriate intervention. Playhouse believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Playhouse provides, 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

#### **SCOPE**

The Children's Services Act 1996 requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists.

The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

#### **LEGISLATION**

**Children's Services Regulations 2009 (v10)**

Regulation 28; 33-37; 43-44

Regulation 63; 65-67; 75

Regulation 78; 80-81; 83; 87-89

**Education and Care Services National Regulations**

Regulation 77-78; 85-87; 90-95

Regulation 136; 157; 161-162

**Children's Services Act 1996 (Vic)**

Section 26-27; 29

**National Quality Standard**

Standard 2.1-2.2; 6.2-6.3

**Education and Care Services National Law Act 2010**

Regulation 165; 167; 172; 173; 175

## **GOALS / What we are going to do**

- Minimise the risk of an anaphylactic reaction occurring while children attend Playhouse.
- Actively involve the Parents/Guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Ensure that staff members trained to respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- Facilitate effective communication to ensure the safety and wellbeing of children at risk of anaphylaxis.
- Raise awareness about allergies and anaphylaxis amongst the service community and children in attendance.

## **EVALUATION**

To ensure continuous improvement, the Primary Nominee will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness, including children, families and staff.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Notify Parents/Guardians at least 14 days before making any changes to this policy or its procedures.
- Make updates to the policy as part of the service's policy review cycle, or in response to current legislation, research, policy and best practice updates, or as otherwise required.

## **RELATED DOCUMENTS**

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 1)

- Sample Risk Minimisation Plan (Schedule 2)

Relevant service policies such as:

Enrolment and orientation	Emergency and evacuation	Interactions with children
Staffing	Health and safety	Delivery and collection of children
Child safe environment	Dealing with medical conditions	Incident, injury, trauma and illness

## RESOURCES

Department of Education and Early Childhood Development- anaphylaxis

[www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Royal Children's Hospital -Allergic and Anaphylactic reactions

[www.rch.org.au/kidsinfo/fact\\_sheets](http://www.rch.org.au/kidsinfo/fact_sheets)

Royal Children's Hospital- Severe allergies in children

[www.rch.org.au](http://www.rch.org.au)

Health.vic- How we can better manage anaphylaxis in Victoria

[www2.health.vic.gov.au](http://www2.health.vic.gov.au)

Better Health Victoria- Food and allergy intolerance

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

## AUTHORISATION

This policy was adopted on 7 August 2019.

## REVIEW DATE

This policy shall be reviewed in December 2020.

## **Procedures/ How it will be done**

### **The Primary Nominee will:**

- Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r. 87) and displayed at the service.
- Ensure all children at risk of anaphylaxis are identified at enrolment and staff informed.
- Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary at least every 3 years.
- Ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device every 12 months (r. 65(1)) and recording this in the staff records (r. 38). It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly.
- Provide an EpiPen Jnr, and ensure it is only used when authorisation is obtained from emergency services.
- Ensure that Parents/Guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency and that this authorisation is kept in the enrolment record for each child.
- Ensure that all Nominees, educators, students, Parents/Guardians are provided with a copy of the Anaphylaxis Policy and the Dealing with Medical Conditions Policy.

### **The Primary Nominee will:**

- Conduct an assessment of the potential for accidental exposure to allergens while the child 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.

- Ensure that a notice is displayed prominently in the main entrance of the playhouse stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 40)
- Ensure all educators on duty and relief staff members have completed training approved by the Secretary in the administration of anaphylaxis management in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the 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 (r. 67(2))
- Ensure educators practice and record the use of an adrenaline auto-injection device on a regular basis, preferably quarterly.
- Ensure that the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed and these children have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record. A child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner (r. 34).
- Ensure that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner.
- Implement the communication strategy in consultation with that child's Parent/Guardian and encourage ongoing communication between Parents/Guardians and staff regarding the current status of the child's allergies, this policy and its implementation (Schedule 3 of the Regulations).
- Ensure Parents/Guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service.
- Display an Australasian Society of Clinical Immunology and Allergy inc (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 an Emergency contact card and Ambulance Victoria's *AV How to Call Card* near all service telephones.
- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to all staff and that a copy is kept with the auto-injection device kit.

- Ensure individual children’s auto-injection device 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.
  - Adequately maintain i.e. checking expiry dates, ensuring liquid is clear.
  - Only used in line with the child’s anaphylaxis medical management action plan.
- Ensure that the Playhouses auto-injection device 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.
  - Adequately maintain i.e. checking expiry dates, ensuring liquid is clear.
  - Only used when authorisation is obtained from emergency services.
- Ensure that the staff member accompanying children outside the service, e.g. on excursions that this child attends, carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r. 74(4)(d)).
- Immediately communicate any concerns with Parents/Guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service.
- Ensure a medication record is kept for each child to whom medication is to be administered by the Service.
- Ensure that Parents/Guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a Parent/Guardian or Nominee.
- Ensure that written notice is given to a Parent/Guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- Respond to complaints and notify the relevant authority, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.

**The educators will:**

- Ensure that children with anaphylaxis are not discriminated in any way and can participate in all activities safely and to their full potential.
- Ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with specific regulations.
- 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.
- 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, or the person to be notified in the event of illness if the Parent/Guardian cannot be contacted.
- Immediately communicate any concerns with Parents/Guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service.
- Comply with the procedures outlined in Appendix 1 of this policy.

**Parents/Guardians will:**

- Inform staff, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with the Playhouse staff.
- Provide Playhouse 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.
- Regularly check the adrenaline auto-injection device expiry date.

- 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 both staff and the Primary Nominee, for example, any matter relating to the health of the child.
- Not leave their child at Playhouse without the prescribed an adrenaline auto-injection device.
- Comply with the procedures outlined in Appendix 1 of this policy.
- Ensure they are aware of the procedures for first aid treatment for anaphylaxis.



## **Appendix 1**

### **Risk minimisation plan**

The following procedures should be developed in consultation with the Parent or Guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her
- All food for this child should be checked and approved by the child's Parent/Guardian and be in accordance with the risk minimisation plan
- 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
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances it may be appropriate that a highly allergic 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
- Parents/Guardians should provide a safe treat box for their child
- Parents/Guardians should dress their child in appropriate clothing for indoor/outdoor play if their child is at risk of anaphylaxis because of an insect sting/bite.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk
- Increase supervision of this child on special occasions such as excursions, incursions or family days

In relation to other practices at the service:

- Ensure tables, high chairs and bench tops are washed down after eating

- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service
- Restrict 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 activities with the Parent/Guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food
- Staff should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and cooking activities
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils
- Where food is brought from home to the service, all Parents/Guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

## **SCHEDULE 1 Enrolment Checklist for Children at Risk of Anaphylaxis**

- A risk minimisation plan is completed in consultation with the Parent/Guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/Guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All Parents/Guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), 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 auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- Parent/Guardian's current 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.

## **SCHEDULE 2 Sample Risk Minimisation Plan for Anaphylaxis**

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent/guardian.

<b>How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?</b>	
1. Who are the children?	<ul style="list-style-type: none"> <li>List names and room locations of each of the at risk children</li> </ul>
2. What are they allergic to?	<ul style="list-style-type: none"> <li>List all of the known allergens for each of the at risk children</li> <li>List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service</li> </ul>
3. Does everyone recognise the at-risk children?	<ul style="list-style-type: none"> <li>List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children</li> <li>Confirm where each child's Action Plan (including the child's photograph) will be displayed</li> </ul>
<b>Do families and staff know how the service manages the risk of anaphylaxis?</b>	
<ul style="list-style-type: none"> <li>Record when each family of an at-risk child is provided a copy of the Service's Anaphylaxis management policy.</li> <li>Record when each family member provides a complete auto-injection device kit.</li> <li>Test that all staff, including relief staff, know where the auto-injection device kit is kept for each at risk child.</li> <li>Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child.</li> <li>Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service: <ul style="list-style-type: none"> <li>o Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame.</li> <li>o Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.</li> </ul> </li> </ul>	

- A new written request is sent to families if the food allergens change.
- Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
- The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s.
- The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by a staff member when a child is removed from the service eg excursions.

**Do all staff know how the children’s service aims to minimise the risk of a child being exposed to an allergen?**

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at-risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- NO FOOD is introduced to a baby if the Parent/Guardian has not previously given this food to the baby.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child’s medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at-risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at-risk child should be clearly labelled with the child’s name.

**Do relevant people know what action to take if a child has an anaphylactic reaction?**

- Know what each child’s anaphylaxis medical management action plan says and implement it.

- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the Service and take them to the child.
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.

**How effective is the service's risk minimisation plan?**

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.