

# KOONUNG COTTAGE COMMUNITY HOUSE INC

## ANAPHYLAXIS POLICY AND PROCEDURE

### INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction.

Koonung Cottage Community House recognizes the importance of all staff responsible for the child/ren at risk of anaphylaxis, undertaking training that includes preventative measures to minimize the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an 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.

### PURPOSE

This policy will provide guidelines to:

- minimise the risk of an anaphylactic reaction occurring while children are in the care of Koonung Cottage Community House.
- ensure that service staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device

### VALUES

Koonung Cottage Community House believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate in all aspects of the program equally
- raising awareness about allergies and anaphylaxis amongst families, staff, children and others attending the service
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

### 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 volunteers.

### Background

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

The most common allergens in children are:

- Food – peanuts, tree nuts, eggs, fish, dairy products
- Insect bites – bees, wasps, ants
- Chemicals – latex, smoke
- Medications – penicillin, aspirin

### PROCEDURES

**The Licensee shall:**

- identify and minimise allergens at the service, where possible
- provide approved anaphylaxis management training to staff as required under the Children's Services Regulations
- ensure that all staff members on duty whenever a diagnosed child is being cared for or educated by the service have undertaken approved training in anaphylaxis management

- ensure the Primary Nominee/Nominees, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy*
- ensure parents/guardians of a child diagnosed with Anaphylaxis are provided with a copy of the *Anaphylaxis Policy*
- ensure communication is facilitated between management, staff, parents/guardians and others using the centre, regarding the Anaphylaxis Policy
- ensure that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- ensure the details of approved anaphylaxis management training are included on the staff record )
- 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
- identify children with anaphylaxis during the enrolment process and inform staff.
- ensure that each enrolled child diagnosed with anaphylaxis has a current management plan at or prior to enrolment
- immediately communicate concerns with parents/guardians regarding the management of a child diagnosed with anaphylaxis at the service.

**Where a child diagnosed as at risk of anaphylaxis is enrolled, the Licensee shall:**

- display a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service
- ensure the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* is completed
- ensure an anaphylaxis medical management action plan, risk management plan and communications plan are developed for each child at the service who has been diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner
- ensure that all children diagnosed as at risk of anaphylaxis have details of their allergy, their anaphylaxis medical management action plan and their risk minimisation plan filed with their enrolment record
- ensure a medication record is kept for each child to whom medication is to be administered by the service
- ensure parents/guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the service. Where this is not provided, children will be unable to attend the service.
- implement a procedure for first aid treatment for anaphylaxis consistent with current national recommendations and ensuring all staff are aware of the procedure
- implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- ensure measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis
- ensure that children with anaphylaxis are not discriminated against in any way
- ensure that children with anaphylaxis can participate in all activities safely and to their full potential
- immediately communicate any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with the child's Medical Action Plan
- 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 authorised nominee Children's Services Regulations)
- ensure that a medication record is kept that includes all details required by the Medical Action Plan for each child to whom medication is to be administered
- 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 DEECD, 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
- comply with the risk minimisation procedures

**The Primary Nominee/Nominee shall:**

- ensure that the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* is completed
- ensure that all staff first aid qualifications, anaphylaxis management training and emergency asthma management training are current.
- ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with a Medical Management Action Plan

- 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 .
- ensure staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4) Children's Services Regulations 2009 Reg 67 (2)
- compile a list of children with anaphylaxis and place it in a secure but readily accessible location known to all staff. This should include the anaphylaxis medical management action plan for each child
- ensure that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans
- ensure measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis
- ensure that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
- ensure programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode
- practise the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensure that the adrenaline auto-injector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat
- complying with the risk minimisation procedures

**Primary Nominee/Nominee and staff shall:**

- read and comply with the *Anaphylaxis Policy*
- maintain current approved anaphylaxis management qualifications
- practise the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensure they are aware of the procedures for first aid treatment for anaphylaxis
- complete the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* with parents/guardians
- know which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans
- identify and, where possible, minimise exposure to allergens at the service
- follow procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis
- assist with the development of a risk minimisation plan for children diagnosed as at risk of anaphylaxis at the service
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode
- follow appropriate procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode.
- comply with the risk minimisation procedures
- contact parents/guardians immediately if an unused, in-date adrenaline auto-injection device has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- discuss with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consult with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensure that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

**Parents/guardians of a child at risk of anaphylaxis shall:**

- inform staff, either on enrolment or on initial diagnosis, of their child's allergies
- complete all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and assist the Primary Nominee/Nominee and staff to develop an anaphylaxis risk minimisation plan

- provide staff with an anaphylaxis medical management action plan signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- provide staff with an unused, in-date and complete adrenaline auto-injector kit
- ensure that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner
- regularly check the adrenaline auto-injection device's expiry date
- assist staff by providing information and answering questions regarding their child's allergies
- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management action plan in accordance with these changes
- communicate all relevant information and concerns to staff, particularly in relation to the health of their child
- comply with the service's policy where a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the service or its programs without that device
- comply with the risk minimisation procedures
- ensure they are aware of the procedures for first aid treatment for anaphylaxis
- read and comply with this policy and all procedures
- bring relevant issues and concerns to the attention of both staff and the Licensee or representative.

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:

- Contact parents immediately if any signs of mild to moderate allergic reaction.
- Administer first aid for mild to moderate allergic reaction as per child's ASCIA ACTION PLAN
- Watch for sign of anaphylaxis.
- 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 working 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 will supervise the other children. *(May need to consider staff/child ratios when child with anaphylaxis is attending)*
- 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 time the auto-injector was administered must be recorded on the auto-injector and sent with the child to hospital.
- The incident must be reported to the Department of Human Services within 48 hours.

## Risk Minimisation Procedures

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

### **In relation to the child diagnosed as at risk:**

- the child should only eat food that has been specifically prepared for him/her.
- ensure there is no food sharing or sharing of food utensils or containers at the service
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions
- ensure children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

### **In relation to other practices at the service:**

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at-risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

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

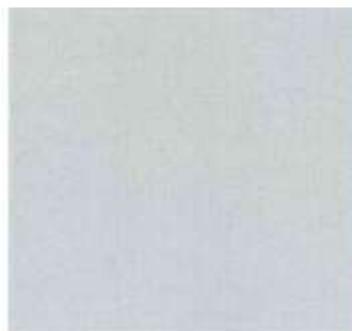
Name of Child:	
Name of Parent(s)/Guardian(s):	
Contact Details:	
Date of Interview with parent(s)/guardians	
This child is allergic to:	
Name of person completing Risk Assessment:	
Date of Risk Assessment:	
Strategies to minimise risk of exposure:	
1.	
2.	
3.	
4.	
5.	
6.	

## Enrolment checklist for children diagnosed as at risk of anaphylaxis

Item	Date Checked
<b>Interview with Family of Child at Risk</b>	
A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service	
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 form.	
A copy of the child's management plan including a photo is clearly displayed.	
Family has been given a copy of Koonung Cottage's 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.	
All staff have undertaken approved anaphylaxis management training and practise with an auto-injection device trainer at least annually and preferably quarterly	
Regular checks of the expiry date of the adrenaline auto-injector are undertaken by Person in Charge and family of the child.	
<b>Communication Plan</b>	
Signs clearly displayed when child at risk in attendance	
Anaphylaxis Policy distributed to parents/guardians	
Staff, volunteers, students, new/relieving staff informed of child at risk.	
Staff, volunteers, students, new/relieving staff informed of medical plans, designated area for auto-injectors, asthma medication etc.	
Letter to parents/guardians of other children advising child at risk enrolled and outlining trigger.	
Parents to report to staff any change in child's condition.	
All relevant policies available for perusal.	
Childcare Information booklet handed to all parents/guardians. Has reference to policies and availability of policies.	
Update sent to parents as required.	
<b>While child at risk is in care</b>	
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.	
If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis	

Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

For EpiPen® adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by medical or nurse practitioner:

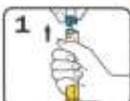
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: \_\_\_\_\_

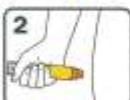
Date: \_\_\_\_\_

Action Plan due for review: \_\_\_\_\_

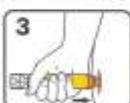
### How to give EpiPen®



**1** Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



**2** Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

### WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION FOR ANAPHYLAXIS

#### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



#### 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

#### 3 Phone ambulance - 000 (AU) or 111 (NZ)

#### 4 Phone family/emergency contact

#### 5 Further adrenaline doses may be given if no response after 5 minutes

#### 6 Transfer person to hospital for at least 4 hours of observation

#### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

### ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N