Medical Conditions
Anaphylaxis Management Policy

Policy Reviewed by | Review Date | Next Review Due
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On behalf of the Management Committee | August 2014 | April 2015

Policy Approved by | Approval Date
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M. Jennings (Director) | August 2015

Rationale:
Anaphylaxis is a severe and life threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings and medications.

Winmalee Community Preschool believes that the safety and wellbeing of children, including children who are at risk of anaphylaxis, is a whole community responsibility. Winmalee Community Preschool is committed to providing a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the program. Winmalee Community Preschool is also committed to raising awareness of allergies amongst the Preschool community and being actively involved in assessing risks and developing risk minimisation strategies in conjunction with families.

Statutory Legislation:
- National Regulations

<table>
<thead>
<tr>
<th>Regs</th>
<th>Policies and procedures are required in relation to health and safety</th>
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<tbody>
<tr>
<td>168</td>
<td></td>
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</table>

- National Quality Standards

<table>
<thead>
<tr>
<th>QA2</th>
<th>Children's Health and Safety</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Each child’s health is promoted.</td>
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<td>2.2</td>
<td>Healthy eating and physical activity are embedded in the program for children.</td>
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<td>2.3</td>
<td>Each child is protected.</td>
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<table>
<thead>
<tr>
<th>QA4</th>
<th>Staffing Arrangements</th>
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<tbody>
<tr>
<td>4.1</td>
<td>Staff arrangements enhance children’s learning and development and ensure their safety and wellbeing.</td>
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<td>4.2</td>
<td>Educators coordinators and staff have the skills and knowledge to support children’s learning, health, safety and well being.</td>
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<td>4.3</td>
<td>Educators, coordinators and staff are respectful and ethical.</td>
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<thead>
<tr>
<th>QA5</th>
<th>Relationships with children</th>
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<tbody>
<tr>
<td>5.1</td>
<td>Respectful and equitable relationships are developed and maintained with each child.</td>
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<tr>
<td>5.2</td>
<td>Each child is supported to build and maintain sensitive and responsive relationships with</td>
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Aim

• To minimise the risk of an anaphylactic reaction occurring while children are at Winmalee Community Preschool
• To ensure educators respond appropriately to anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.
• To raise the Winmalee Community Preschool’s awareness of anaphylaxis and its management through education and policy implementation.
• To comply with the legislative requirements of the Education and Care Service National Regulations legislation, Division 3 – Medical conditions policy and medications procedure.

Procedures

• Ask all parents as part of the enrolment procedures (see Enrolment Policy), prior to their child’s attendance at Winmalee Community Preschool whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents to provide a medical management action plan signed by a Registered Medical Practitioner.
• Develop and follow an enrolment checklist when enrolling children at risk of anaphylaxis (see Appendix 1).
• Ensure parents/guardians of the child diagnosed at risk of anaphylaxis are provided with a copy of this Medical Conditions Anaphylaxis Management policy.
• Display an ASCIA (Australasian Society Of Clinical Immunology and Allergy) general poster called Action Plan for Anaphylaxis and emergency numbers in key locations at Winmalee Community Preschool (see Appendix 2)
• Ensure that parents provide an Anaphylaxis Medical Management Action Plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device (EpiPen) kit (which must contain a copy of the child’s anaphylaxis medical management action plan) while the child is present at Preschool.
• Display a copy of the child’s Anaphylaxis Medical Management Action Plan in key locations, discussed with the at risk child’s parents, at Winmalee Community Preschool (see Appendix 3)
• Follow the child/children’s Anaphylaxis Medical Management Action Plan in the event of an allergic reaction which may progress to anaphylaxis.
• Ensure that auto-injection device (EpiPen) kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
• Educators will practice adrenaline auto injection device (EpiPen) administration procedures using a EpiPen trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly.
• Ensure that the auto-injection device (EpiPen) kit containing a copy of the Anaphylaxis Medical Management Action Plan for each child at risk of anaphylaxis is carried by an educator accompanying the child when the child is removed from the Preschool, e.g on excursions that this child attends (see Excursion Policy)
• Regularly check the adrenaline auto-injection device (EpiPen) expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month.)
• Ensure that at all times at least one educator at Winmalee Community Preschool, whether or not there is a child diagnosed at risk of anaphylaxis attending Winmalee Community Preschool, is present at all times and undertakes training in the administration of the adrenaline auto-injection device such as an EpiPen every 12 months and record this in the staff records.
• Complete an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are at Preschool and develop a Risk Minimisation Plan (see Appendix 4) for the preschool in
consultation with educators and the families of the child/children. Follow this Risk Minimisation Plan - this forms part of this Medical Conditions Anaphylaxis Management Policy.

- Ensure that a notice is displayed prominently in the main entrance to Winmalee Community Preschool stating that a child diagnosed at risk of anaphylaxis is being educator at Preschool.
- Brief all relief educators on symptoms of an anaphylactic reaction, the child at Preschool who is at risk of anaphylaxis, the child’s allergies, anaphylaxis management plan and EpiPen kit. If the relief educator is not trained in anaphylaxis management then the Director will ensure that at least one educator trained in anaphylaxis management is present at the preschool and aware they are responsible for the administration of the EpiPen in an emergency. If this is not possible than the parents/guardians must be informed of the situation before a child at risk of anaphylaxis is left at Preschool.
- Ensure that no child who has been prescribed an EpiPen is permitted to attend Preschool without that EpiPen.
- Develop a Communication Plan for educators to ensure all are informed about the medical conditions policy and risk minimisation plan for the child.
- Develop a Communication Plan for the parents to ensure any changes to the medical management plan and risk management plan for their child at Preschool is communicated efficiently and effectively.
- As children bring food to Winmalee Community Preschool develop a Communication plan for Winmalee Community families to communicate specific procedures that need to be followed to minimise the exposure to known allergens, this will include requesting the food not to be sent to Preschool which contains the major sources of the allergens such as peanut and nut products, whole egg, and chocolate as well as packaging of risk foods such as cereal boxes and egg cartons. New requests to be sent if food allergens of at risk children change.
- Ensure that all educators know the location of the Anaphylaxis Medical Management Action Plan and that a copy is kept with the auto-injection device (EpiPen).
- 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 dialing 0000.
  - Commence first aid measures
  - Contact the parents/guardian.
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted (see Appendix 5 for Allergic Reactions Action Plan)
- Provide information to the Preschool community about resources and support for managing allergies and anaphylaxis
- Inform all visitors into Winmalee Community Preschool of safe food practices and strategies to reduce the risk of allergic reactions.

Sources:
Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.or.au
Anaphylaxis Australia Inc at www.allergyfacts.org.au
NSW Health Guidelines for Children’s Services 2007. Anaphylaxis
Education and Care Services National Regulation
National Quality Standards 2009
## Appendix 1: ENROLMENT CHECKLIST FOR CHILDREN AT RISK OF ANAPHYLAXIS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
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<tbody>
<tr>
<td>Thorough details of allergens of the child at risk are collected</td>
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<tr>
<td>A risk minimisation plan is completed, which includes strategies to address the particular needs of the child at risk of anaphylaxis, and this plan is implemented</td>
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<tr>
<td>Parents of the child at risk of anaphylaxis have been provided a copy of Winmalee Community Preschool’s Medical Conditions – Anaphylaxis Management Policy</td>
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<tr>
<td>All parents are made aware of the Medical Conditions – Anaphylaxis Management Policy</td>
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<tr>
<td>An Anaphylaxis Action is received for the child, is signed by the child’s Doctor and is visible to all staff</td>
<td></td>
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<tr>
<td>An EpiPen (within expiry date) is available for use at any time the child is at Winmalee Community Preschool</td>
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<tr>
<td>An EpiPen is stored in the First Aid cupboard, a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat</td>
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<tr>
<td>All educators, including relief educators, are aware of each EpiPen kit location</td>
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</tr>
<tr>
<td>Winmalee Community Preschool’s Emergency Action Plan for the management of Anaphylaxis is in place and all educators understand the plan</td>
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<tr>
<td>The parent’s current contact details are available</td>
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<tr>
<td>Information regarding any other medication or medical conditions of the child is available for educators</td>
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</table>
MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ....................................
  Dose: ..........................................................
- Phone family/emergency contact

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.
Appendix 3 – CHILD SPECIFIC ANAPHYLAXIS ACTION PLAN

For use with EpiPen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ....................................
  Dose: ..........................................................................................
- Phone family/emergency contact

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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- Pale and floppy (young children)

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

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## Risk Minimisation Plan/Checklist for Anaphylaxis

### Planning for meeting the needs of children with allergies who are at risk of anaphylaxis

| Who are the children? | • List the names of each of the at risk children |
| Who are they allergic to? | • List the known allergens for each of the at risk children
  • List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain food/items not be brought into Winmalee Community Preschool |
| Identification | • List the strategies for ensuring that all educators, including relief educators, recognise each of the risk children
  • Confirm where each child’s Anaphylaxis Medical Management Action Plan (including the child’s photograph) will be displayed |

### Families at Winmalee Community Preschool

**Do families and staff know how the service manages the risk of anaphylaxis?**

- Record when each family of an at risk child is provided with a copy of Winmalee Community Preschool’s Medical Conditions Anaphylaxis Management Policy
- Record when each family member provides a complete EpiPen kit
- Ensure that all educators, including relief educators know where the EpiPen kit is kept for each at risk child
- Regularly check the expiry dates of each EpiPen – undertaken and recorded by a nominated educator and the families of each at risk child
- Regularly communicate (written and verbal) with all families requesting that specific procedures be followed to minimise the exposure to know allergens. As children bring food to Preschool, this will include requesting the food not to be sent to Preschool that contain the major sources of the allergens such as peanut and nut products, whole egg and chocolate as well as packaging of risk foods such as cereal boxes and egg cartons. New requests to be sent if food allergens change.
- Provide Medical Conditions Anaphylaxis Management Policy to families highlighting no child who has been prescribed with an EpiPen is permitted to attend Preschool without that EpiPen
- Display the generic ACSIA poster Action Plan for Anaphylaxis in key locations and accompanied by emergency numbers
- Take EpiPen kit on all excursion out of Preschool

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### Do educators know how Winmalee Community Preschool aims to minimise the risk of a child being exposed to an allergen?

- Brainstorm potential exposure situations and develop strategies, including who is responsible for implementing them e.g.
  - Food in other children’s lunch boxes – Daily checks at each food time by Educators present. Removal of risk food with explanation to child. Communication of risk to parents of both at risk child and child who brought the risk food.
  - Party or celebration – Reminder before the celebration of risks food not allowed at preschool. “Safe treat box provided by parents for the ‘at risk’ child if appropriate
  - Insect allergy stings – decrease number of insect attracting plants, ensure at risk child wear shoes, keep lids on garbage bins, remove insect nests when discovered.
  - Latex allergies – avoid contact with party balloons and latex gloves.

- Use hygiene procedures and practices to minimise the risk of contamination of surface, food utensils and containers by food allergens

- Consider the safest place for the at risk child to consume food while ensuring they are socially included in all experiences

- Develop procedures for ensuring that only food from the child’s own lunch box is consumed by the at risk child

- Ensure all children and educators wash their hands upon arrival at Preschool and before and after eating

- Lunch boxes and other food containers must be clearly labelled with children’s names

- Ensure there is no trading or sharing of food at any time

- Consider the use of foods for craft, cooking experiences and science experiments- restrict these depending on the allergies of the risk children

- Consider measures necessary to prevent cross contamination, in Winmalee Community Preschool’s case, this would be careful cleaning of all areas and utensils used after craft, cooking or science experiments.

- Keeping Winmalee Community Preschool well maintained indoors and outdoors. Keeping grass areas mown, keeping plants well maintained. Reduce plants that may attract stinging insects.

- Inform all visitors into Winmalee Community Preschool of safe food practices and strategies to reduce the risk of allergic reactions.
MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Give medications (if prescribed) ...........................................
  Dose: .......................................................................................
- Phone family/emergency contact

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
3 Phone family/emergency contact
4 Commence CPR if there are no signs of life

Additional information

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