

POLICY – ANAPHYLAXIS MANAGEMENT POLICY

1. National Quality Standards	1
2. Purpose	1
3. Scope	1
4. Background	2
5. Implementation	2
6. Related Legislation and Documents	5
7. Feedback	6
8. Approval and Review Details	6

1. National Quality Standards

Area	Concept	Descriptor
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practice 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 ensure children are protected from harm and hazard
2.2.	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

2. Purpose

- 2.1 The purpose of this Policy is to ensure that Baringa Childcare Centre can minimise the risk of an anaphylactic reaction occurring by ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

3. Scope

- 3.1 This policy applies to children, families, staff, and management of the Centre.

4. Background

- 4.1 Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life-threatening. 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.
- 4.2 The key to the prevention of anaphylaxis within the Centre is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

5. Implementation

- 5.1 A copy of all medical conditions policies will be available to all Educators, volunteers and families of the Centre and reviewed on an annual basis. It is important that communication is open between families and Educators to ensure appropriate management of anaphylactic reactions are effective.
- 5.2 It is imperative that all Educators and volunteers at the Centre 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.
- 5.3 Centre Management will ensure:
1. That Educators have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Centre's premises.
 2. That Educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
 3. At least one staff member with currently approved anaphylaxis management training is on duty at all times, working in accordance with Regulations
 4. Parents are provided with a copy of the Centre's Anaphylaxis Policy upon enrolment of their child.
 5. That when medication has been administered to a child experiencing anaphylaxis without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable or within 24 hours of the incident.
 6. That families provide a completed Anaphylaxis Plan in consultation with and signed by, a medical practitioner prior to the child starting at the Centre.
 7. A long-term medication record is kept for each child to whom medication is to be administered by the Centre.
 8. Families of all children with anaphylaxis provide an EpiPen whilst their child is attending the Centre.
 9. All staff members are aware of the anaphylaxis first aid procedure.

10. The expiry date of medication is checked regularly and replaced when required.
11. Communication between management, Educators, staff and parents/guardians regarding the Centre's Anaphylaxis Policy and strategies are reviewed and discussed regularly to ensure compliance.
12. The Centre 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.
13. That medication is administered in accordance with the Administration of Medication Policy.

5.4 The Nominated Supervisor will:

1. Assess the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Centre and develop a risk minimisation plan for the Centre in consultation with staff and the families of the child/children.
2. Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Centre without the device.
3. 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.
4. Ensure that a notice is displayed prominently in the main entrance of the Centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Centre.
5. Ensure that staff members accompanying children outside the Centre carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

5.5 Educators will:

1. Ensure a copy of the child's anaphylaxis medical management action plan is available and known to staff in the Centre.
2. Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
3. Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' regularly.
4. Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians' instructions.
5. Ensure hand washing for all children upon arrival at the Centre and before and after eating.
6. Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days.

7. Ensure that the 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.
 8. 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 Service, e.g. on excursions that this child attends.
 9. 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).
- 5.6 In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
1. Call an ambulance immediately by dialling 000
 2. Commence first aid measures
 3. Contact the parent/guardian when practicable
 4. Contact the emergency contact if the parents or guardian can't be contacted when practicable
 5. Notify the Regulatory Authority within 24 hours
- 5.7 In the event that a child suffers from an anaphylactic reaction the Centre and staff will:
1. Follow the child's anaphylaxis action plan.
 2. Call an ambulance immediately by dialling 000
 3. Commence first aid measures
 4. Contact the parent/guardian when practicable
 5. Contact the emergency contact if the parents or guardian can't be contacted when practicable
 6. Notify the Regulatory Authority within 24 hours
- 5.8 In the event of an anaphylactic emergency situation:
1. Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the Responsible Person of the Centre at the time of the incident.
 2. If necessary, send a copy of the completed form to the insurance company; and
 3. File a copy of the Incident Report on the child's file.
 4. Staff will be debriefed after each anaphylaxis incident and the child's Medical Management Plan evaluated.
 5. Staff will discuss the effectiveness of the procedures that were in place.

6. Staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

5.9 Families will:

1. Inform staff at the Centre, either on enrolment or on diagnosis, of their child's allergies.
2. Develop an anaphylaxis risk minimisation plan with Centre staff.
3. Provide staff 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.
4. Provide staff with a complete auto-injection device kit.
5. Regularly check the adrenaline auto-injection device expiry date.
6. Assist staff by offering information and answering any questions regarding their child's allergies.
7. Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
8. Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
9. Comply with the Centre's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Centre or its programs without that device.
10. Read and be familiar with the Medical Condition Policy and Anaphylaxis Policy.
11. Bring relevant issues to the attention of both staff and Responsible Person.
12. Provide an updated action plan every 12-18 months or if changes have been made to the child's diagnosis.

6. Related Legislation and Documents

Legislation	Related Policies
Education and Care Services National Regulation Children (Education and Care Services) National Law NSW Revised National Quality Standard ASCIA Action Plans for Anaphylaxis	Sick Children Policy Emergency Aid and Medical Treatment Policy Infection Control Policy Child Supervision Policy Exclusion of Children with Medical Condition (Illness) Policy



Baringa Child-Care Centre Association Incorporated
 ABN 42 028 145 288

64 Baddeley Crescent | Spence ACT 2615
 02 6258 8891 | admin@baringachildcare.com
 www.baringachildcare.com

Legislation	Related Policies

7. Feedback

Families and staff may provide feedback about this document by emailing admin@baringachildcare.com

8. Approval and Review Details

Approval and Review Details

Approval and Review	Details
Approval Authority	Executive Officer
Administrator	Centre Director
Next Review Date	30 June 2021

Approval and Amendment History	Details
Original Approval Authority and Date	13 June 2019
Amendment Authority and Date	N/A
Notes	Updated to meet the National Law and National Regulations Updated the references to comply with revised National Quality Standard Updated to comply with changes to ASCIA Action plans.