Policy Statement:

The Centre owes a duty of care to all children who attend including those with severe allergies. The Centre embraces this obligation by taking every reasonable precaution to protect children from their allergens and by ensuring Centre staff are well trained and practiced in the day to day management of severe allergies, and in dealing with emergency situations when they arise. The Centre will actively encourage all families who use the service to understand the needs of the anaphylactic child, and to play their part in ensuring these children are provided with a safe environment whilst at the Centre.

Anaphylaxis Policy Definitions:

Intolerance
Food intolerance may occur in response to a wide range of food components (both natural and artificial). In these cases small amounts of the problem food may be tolerated, but larger quantities result in a reaction occurring. The reaction can occur after several hours, or even days, of eating a particular food. Food intolerance is more common than food allergy, but is more difficult to diagnose. It may develop at any age, and seems to be linked with eating larger than usual quantities, or a greater concentration of the particular food. In some individuals both food allergy and intolerance can be present together.

Allergies
Food allergy is usually present from birth, and occurs when an overactive immune system produces antibodies against substances in the environment that are normally harmless.
**Allergens**

Here is a few Allergies causing substances; Common ones are pollens, dust mites, animal hairs, and in some cases protein components of certain foods. Normally the immune system recognizes that these substances are harmless, and ignores them.

**Anaphylaxis**

Most allergic symptoms are usually mild and rarely serious. The most severe and sudden form of allergic symptoms is anaphylaxis. Anaphylaxis usually occurs either immediately or very soon after exposure to the trigger (allergen). These reactions can be serious and even life threatening. There are many symptoms such as itching and swelling, red watery eyes, vomiting and diarrhea, change of voice, noisy breathing, difficulty in breathing, talking or swallowing, persistent coughing, wheezing, dizziness, fainting, loss of consciousness or change in skin colour. The most dangerous, potentially fatal symptoms are breathing difficulties and a drop in blood pressure (shock). Reg. 90 In the event a child arrives to the service without their epi-pen, staff will notify the parent/guardian to collect the child as we will be unable to accept the child for that care session.

**Histamine**

Is the main defensive chemical responsible for the early symptoms of an allergic reaction (including itch). Antihistamine drugs work by blocking its effects.

**Adrenaline**

Is one of the body’s natural stress hormones. When given as a medication it is the most effective and most rapidly acting treatment for anaphylaxis. Adrenaline increases the heart rate and blood pressure, opens up the airways and reverses swelling in the throat and tongue. Common side effects include: increased heart rate, increased blood pressure, thumping of the heart, the “shakes”, nausea, and sometimes nervousness or a transient headache. Usually it only lasts for a few minutes.

**Epi-Pen**

Is a device which automatically delivers a single dose of injectable adrenaline. It is designed for use by non-medical people in non-medical settings. Epi-Pen is available in two forms: Epi-Pen Junior (for children weighing 10 – 20 kg), and Epi-Pen (for children over 20 kg), although specialists adjust the dose depending on the severity of previous anaphylaxis. Epi-Pen has a shelf life of 12 months, but sometimes it lasts a shorter period of perhaps only 9 months.

**Diabetes**

The main symptoms are the same as in adults. They tend to come on over a few weeks: thirst, weight loss, tiredness, frequent urination. Symptoms that are more typical for children include: tummy pains, headache, behaviour problems.

Physical activity is a critical element of effective diabetes management. In addition to maintaining cardiovascular fitness and controlling weight, physical activity can help to lower blood glucose levels. To maintain blood glucose levels within the target range during extra physical activity, students will need to adjust their insulin and food intake. They also may need to check their blood glucose levels more frequently to prevent hypoglycemia while engaging in physical activity. Follow a healthy meal plan and make sure children with diabetes have enough food to consume when needed.
**How to inject**

Most children learn how to inject themselves and this will be communicated with the parents as a point of importance that this should be reflected in the child’s management plan. Form a fold of skin between your fingers—this lifts the fatty tissue away from the muscle. The needle can be inserted into this fold at an angle of 45° or 90°. After injecting the insulin, leave the needle in the skin for 3 seconds, or with pens for 10 seconds. In this way, the insulin has time to disperse evenly into the fatty tissue and will be less likely to leak out of the penetration site after removing the needle from the skin.

Parents will be notified immediately if a child needed an insulin injection

**Procedures:**

**Staff Training**

All staff will be trained in the prevention, recognition and management of anaphylaxis in child care settings, including the use of the Epi-Pen and emergency First Aid. This training may include some or all of the following forms:

- “Dealing with Food Allergy” video and booklet, available from Allergy Consulting Rooms, NSW. (See References for further details.)
- Training in Identification and First Aid Management of Anaphylaxis including administering adrenaline using the Epi-Pen.
- Inviting the child’s parent to meet with Centre staff to share their knowledge and information about anaphylaxis and their child.
- Discussions and information sharing at Staff meetings.
- Information about food labels, identifying hidden sources of food allergens, identifying contents of foods brought into the centre from children’s homes for special events or children’s lunches.
- Dealing with children having diabetes and how to assist a child to be injected with insulin

The centre will purchase an Epi-Pen trainer for staff to practice using.

Anaphylaxis drills will be conducted and evaluated every 3 months during staff meetings to ensure staff are confident in the procedure and able to act in an emergency. Staff will also review the St John DRABC Action Plan at this time.

Staff will be debriefed after each anaphylactic incident and the child’s Emergency Action Plan evaluated. Staff will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were put in place, what worked well and what went wrong. It is important to learn from each incident. Time is also needed to discuss the specific causes of the anaphylaxis and the strategies that need to be in place and maintained to prevent further anaphylactic reaction, so that the emergency will not occur again.

When introducing your Anaphylaxis Policy to staff it is important to meet with staff to explain the new policy, what it entails and when it will commence. Give sufficient notice to enable staff to ask questions and have any concerns addressed prior to it being introduced.
Avoidance of allergens

In the outside school hours care environment strategies used to reduce the risk of anaphylaxis for individual children will depend on the nature of the allergen, the severity of the child’s allergy and the maturity of the child.

Wherever possible the centre will eliminate the child’s allergens from the centre. For instance, all peanut products will be banned from the centre, where a child with severe peanut allergy is enrolled.

Children at risk of food anaphylaxis should only eat lunches and snacks that have been prepared at home or at the centre under strictly supervised conditions. Children should not swap or share food, food utensils and food containers.

Special care will be taken to avoid cross contamination occurring at the centre by providing separate utensils for children with allergies, taking extra care when cleaning surfaces, toys and equipment, and ensuring strict compliance with the centre’s hygiene policies and procedures.

It is recommended that only permanent staff prepare, handle and serve the anaphylactic child’s food, unless specifically directed to do so by the Supervising Officer. In this way the centre will control the risk of cross contamination occurring, where staff not fully trained in the management of anaphylaxis may unwittingly contaminate the anaphylactic child’s food.

For some children with food allergy, contact with minute amounts of certain foods (e.g. nuts) can be life-threatening. For these children, because of the extreme difficulty in avoiding accidental ingestion, other strategies may be needed such as asking that other children do not bring certain foods to the centre, not opening containers or releasing vapours of food allergens in the presence of the child, and not exposing the child to cooking smells that contain the allergen.

Parents will be advised of specific food allergies and how they can assist the centre to reduce the occurrence of a child’s allergens in the centre. This may include advice about not bringing certain foods to the centre, or where children are very sensitive to their allergens, strategies that parents can apply to ensure their children do not inadvertently bring an allergen into the centre on their clothes, hands or breath.

Some children have severe allergic reactions to insect bites and stings. Prevention of insect stings from bees and wasps include measures such as:

- wearing shoes when outdoors
- closing windows of cars and buses
- taking great care when drinking out of cans, walking around pools and at beaches, and walking in grasses in flower.

At some times of the year, some children may need to stay indoors rather than playing outside.

Centre staff will regularly inspect for bees and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.
When staff are planning children’s activities they will be careful to ensure they do not inadvertently expose a child to their allergens, especially when planning cooking or craft activities using empty food packages, or playing outside.

The “Anaphylaxis in Children” information sheet produced by the Immunology and Allergy Department at Princess Margaret Hospital, will be made freely available to all staff and families.

**Education of children**

Centre staff will talk to children about foods that are safe and unsafe for the anaphylactic child.

Staff will talk about symptoms of allergic reactions to children.

Staff will talk to children 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 eating food that is not shared.

Centre staff will include information and discussions about food allergies in the programs they develop for the children, to help children to understand about food allergy and to encourage their empathy, acceptance and inclusion of the anaphylactic child.

**Emergency Action**

Prior to enrolment or as soon as an allergy is diagnosed, the centre will request parents to provide an Emergency Action Plan for the child in consultation with staff and appropriate health professionals. Where the child is under the care of an allergist, this person may be contacted by the Supervising Officer to obtain professional advice on how to manage the child’s allergies within the Centre. Families will be requested to provide contact details for the child’s medical practitioner and/or allergist on the child’s enrolment form. The expiry date of the child’s EpiPen will be included on the Emergency Action Plan.

The child’s Emergency Action Plan must be authorised by the child’s medical practitioner and the child’s parent/guardian to indicate agreement with the Plan and approval to display the plan in the child’s room, and release the information contained within the Plan to child care staff and emergency medical personnel.

The child’s Emergency Action Plan must always include immediate transport to hospital in an ambulance after an anaphylactic reaction, as more adrenaline treatments may be needed, and repeat episodes of anaphylaxis may occur and require more treatment.

All information on the child’s Emergency Action Plan should be reviewed every 3 months and before any special activities (eg. excursions) to ensure stated information is current and correct, and any specific contingencies for the special activity are planned.

It is understood that early recognition and prompt treatment for an anaphylactic reaction can be life-saving. Trained staff will therefore routinely review children’s Emergency Action Plans to ensure they feel confident of how to respond quickly in an emergency.
The child’s Emergency Action Plan will be placed in a prominent position, where it is likely to be regularly read by centre staff. The need to display the child’s Emergency Action Plan will be fully discussed with the child’s parent/guardian and their authorisation for this obtained.

The child’s Epi-Pen, which must be labelled with the name of the child and recommended dosage, will be kept in a position that is out of reach of children, but readily available to centre staff. Consideration will also be given to the need to keep the Epi-Pen away from excessive light, heat or cold when deciding on a suitable location.

In the case of an older primary school age child, the child’s Emergency Action Plan may include self-administration of the medication. This must always be done with the support of a staff member. Adult supervision is mandatory. This will ensure that staff at the centre is fully aware if an emergency incident is happening, and the child is assisted to administer their medication if they are experiencing a severe reaction which may hamper their attempt at self-administration. There will be further actions required of staff within the child’s Emergency Action Plan, and therefore it is imperative that a first step in any agreed action plan is that staff are alerted to the emergency situation.

Parents will normally be responsible for supplying the Epi-Pen and ensuring that the medication has not expired. Where an Epi-Pen is not provided by the parent, the centre will arrange for a local Doctor, Nurse or the parent, to be available to administer adrenaline by injection if required. Centre staff is not trained to administer drugs by injection, therefore if one of the above people is not immediately available to assist, staff will follow emergency First Aid procedures until the ambulance arrives.

Centre staff will help the child to develop trust and knowledge that they will be safe while they are at the centre by: talking to the child about their symptoms to allergic reactions so they learn to describe these symptoms and how to tell a Playleader when they are having an anaphylactic reaction; taking the child’s and their parent/guardian’s concerns seriously; and making every effort to address any concerns that may raise.

Symptoms of the onset of anaphylaxis usually occur within minutes, even seconds, but the reaction can be delayed up to 1-2 hours. Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child’s parent should be contacted and asked to come and collect their child and take them to their doctor. The centre should carefully monitor the child until the parent arrives, and be prepared to take immediate action should the child begin to develop symptoms.

Identifying allergic children within the centre

At the time of enrolment, families will be asked to identify if their child has any special dietary needs. Where special needs are stated, the parent will be asked to complete a “Special Diet Record Form”. This form will be reviewed with the parent every 6 months, and a copy will be provided to those staff members who have responsibility for preparing food for the child.

It is quite possible that a child with no history of a previous anaphylaxis may have their first anaphylactic reaction whilst at the child care centre, as these reactions only occur after the second exposure to the allergen. If centre staff believes a child may be having an anaphylactic reaction they must follow emergency First Aid procedures and ring for an ambulance immediately, explaining that it is believed the child is suffering an anaphylactic reaction.
Whenever a child with severe allergies is enrolled at the centre, or newly diagnosed as having a severe allergy, all staff will be informed of:

- the child’s name
- where the child’s Emergency Action Plan will be located
- where the child’s Epi-Pen is located
- which staff will be responsible for administering the Epi-Pen.

New and relief staff will be given information about children’s special needs (including children with severe allergies) during the orientation process.

The centre will encourage parents of children with severe allergies to ensure they wear a Medic Alert bracelet while they are at the centre.

**Legal Liability**

Fear of litigation should not be a potential barrier, where Action Plans are established and signed appropriately by the child’s parent and medical practitioner, for the use of adrenalin in a potentially life threatening situation. It should be considered that Educators who provide emergency treatment to children with anaphylaxis according to established Action Plans, act in good faith and serve the best interests of the child.

The centre will ensure there is sufficient staff trained in how to recognise an anaphylactic reaction, and in the administration of adrenalin using an Epi-Pen, to ensure the child receives prompt treatment in the event of an anaphylactic reaction.

OSCA will make sure that all staff will be trained to ensure that any staff member in close proximity to the child is always on hand at any time of the day to act in an emergency. In a small centre this may mean that all staff should be trained, whilst in a larger centre it may be sufficient for only those staff who work with the child to be trained. Best practice, however, would be for all staff to undergo training so there is always a back-up in any situation.

The centre will maintain a safe environment by eliminating a child’s allergens from the centre wherever possible. If it is not possible to eliminate all of the child’s allergens this will be discussed in full with the child’s parent/guardian and strategies will be adopted to limit the allergens as far as possible.

The centre will ensure personal details provided by parents are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988. The need to display personal details included on the child’s Emergency Action Plan will be discussed with parents, and their written authority obtained prior to display.

The centre will always require the parent/guardian’s written authority to administer any medication to their child and on the child’s Emergency Action Plan.

The centre will confirm with their insurance company that centre staff, who administer adrenalin using an Epi-Pen, are covered under the centre’s professional indemnity insurance cover.

After each emergency situation all those staff who took action during the incident will complete an Incident Report, which will be countersigned by the person in charge of the
centre at the time of the incident. A copy of the completed form will be sent to the insurance company, and a copy kept on the child’s file. The Supervising Officer will inform centre management about the incident.

The child’s Emergency Action Plan will be reviewed every 3 months with the child’s parent/guardian to ensure information is current and relevant to the child’s developmental level. After each emergency incident, the Plan will be evaluated to determine if the centre’s emergency response could be improved in any way.

**Asthma:**

Staff will be aware of the following symptoms relating to asthma:

- shortness of breath
- wheeze
- chest tightness, and/or
- a dry, irritating and continual cough (especially at night/early in the morning, or with exercise or activity)

These symptoms are caused by the narrowing of the airway. Symptoms vary from person to person, and may also change over time. If your asthma is well controlled you should only have occasional asthma symptoms.

If you have asthma, your doctor will prescribe medication to help control your asthma. The type and amount you need to take will depend on your symptoms, and how often you have them.

A written Asthma Action Plan prepared in partnership with your doctor, is a helpful reference for staff to know how to respond if your asthma is getting worse.

**Note:** The Asthma Action Plan outlines what medication to take every day when you are feeling well, what to do when unwell and what to do when your asthma is worse.

**Administration of Medication**

A Supervising officer accompanied by a staff member will administer medication to children. Staff will sign this off on the Authority to give Medication form filed in the medication folder. Parents will sign a consent form to enable staff to administer medication to that specific child.

**SOURCES:**

Dealing with Food Allergy video and booklet; Allergy Unit, RPA Hospital Medical Centre, 100 Carillon Avenue, Newtown NSW 2042; Phone: 02 9565 1464; Fax: 02 9519 8420; Email: allergy@email.cs.nsw.gov.au

Guidelines for the prevention, recognition and management of anaphylaxis in childcare and school sites; Australasian Society of Clinical Immunology & Allergy Inc.; Website: http://www.allergy.org.au/pospapers/anaphylaxis.htm

The Recognition, Management and Prevention of Anaphylaxis in Childcare, Pre-School and School 1998; Department of Education, Training & Employment, and the Women’s &
Instructions on how to use and NOT use EpiPen are on the ASCIA website: http://www.allergy.org.au/aer/infobulletins/adrenalin.htm

Preventing and managing food allergies in children’s services by Vanda Knipler; Rattler, Issue 60, Summer 2001; Community Child Care Co-operative Ltd. NSW; Phone: 02 9560 4771; Fax: 02 9560 4781: Email: info@ccccnsw.org.au

Managing anaphylaxis: A legal perspective by Michael Vassili; Rattler, Issue 61, Autumn 2002; Community Child Care Co-operative Ltd. NSW; Phone: 02 9560 4771; Fax: 02 9560 4781: Email: info@ccccnsw.org.au

Anaphylaxis in Children, information sheet; Immunology & Allergy Department, Princess Margaret Hospital, Perth WA; Phone: 08 9340 8222: (Appendix 4)

Friendly Food - a recipe book and complete guide to avoiding allergies, additives and problem chemicals; Allergy Unit, RPA Hospital Medical Centre, 100 Carillon Avenue, Newtown NSW 2042; Phone: 02 9565 1464; Fax: 02 9519 8420; Email: allergy@email.cs.nsw.gov.au

OSHCQA Principles: 6.4

Children & Community Services (Outside School Hours Care) Regulations 2006 (WA) – Regulation 42; 47; 48; 54; 82

This Policy was written in consultation with the Immunology & Allergy Department, Princess Margaret Hospital, and the Child & Community Health Branch, Population Health Division, Department of Health, Government of Western Australia.

NATIONAL QUALITY FRAMEWORK
Education and Care Services National Law Act 2010(Vic) – Section 3(2)(a); 167; 179; 189
Education and Care Services National Regulations – Reg 75(h); 75(l); 89; 90; 93; 99(1)(2); 115; 118; 119; 120; 126; 127; 131(1); 131(2)(d)
National Quality Standard for Early Childhood Education and Care and School Age Care (Nov 2010) – Element 2.1.2; Element 2.1.3; Element 2.1.4; Element 2.3.1; Element 2.3.2; Element 3.1.2
Early Years Learning Framework for Australia
Framework for School Age Care in Australia

Developed: November 2012

Next review: May 2016