Anaphylaxis Management Policy

1. Purpose

This service is committed to providing an environment that fosters the growth and development of children while protecting their health, safety and well-being. This includes the implementation of policies and procedures in relation to anaphylaxis.

The purpose of this policy is to ensure that the service provides a safe environment, minimising the risk of allergic reaction resulting in anaphylaxis, to ensure staff respond appropriately to anaphylaxis and to raise awareness of anaphylaxis and its management through education and policy implementation.

2. Scope

This policy applies to children, families, staff, volunteers and visitors at the service.

3. Background

The Education and Care Services National Regulations require approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a severe and sometimes sudden allergic reaction that is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). 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. Any anaphylactic reaction always requires an emergency response.

4. Principles

The Service is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and others attending the service.
- ensuring children at risk of anaphylaxis can participate fully in all aspects of the program.
- providing a clear set of guidelines in relation to anaphylaxis.
- ensuring that the service has the capacity to deliver appropriate treatment and administer the correct medication for children at risk of or suffering from anaphylaxis.

5. Roles and responsibilities

The Approved Provider and the Nominated Supervisor of the Service will ensure:

- that as part of the enrolment process, all parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and document this information on the child's enrolment record.
- ensure a spare EpiPen® / Anapen ® device is held on site at all times
- 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 including Do Food Safely and All About Allergens will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.

- that all staff members are made aware of any child 'at risk' of anaphylaxis enrolled in the service, the location of the child's individual ASCIA Action Plan, Medication including EpiPen/Anapen and Risk Minimisation and Communication Plan
- where a child is diagnosed as being at risk of anaphylaxis or has severe allergies, prior to the child's commencement at the Service, the following is in place:
- ASCIA Action Plan signed by a registered medical practitioner
- a risk minimisation and communication plan developed in collaboration with the parents/guardians assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided noting that ASCIA plans do not expire but should be reviewed in line with the specified review date provided by the medical practitioner.
- the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy are available to all parents of enrolled children on the MACSEYE website.
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without a complete auto-injection device kit (which must contain a copy of the child's anaphylaxis medical management plan) and that all staff at the Service know the location of the kit.
- a notice is displayed prominently at the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service
- all required staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded on the staff training register, with each staff member's certificate held on their staff record.
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care are provided by the Service
- all staff are provided with ASCIA anaphylaxis e-training (every three years) to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis including training in the administration of the adrenaline auto-injection device.
- all staff have undertaken training in the administration of the adrenaline auto-injection device and cardiopulmonary resuscitation (CPR) at least every 12 months.
- Medical management plans, risk minimisation and communication plans and any prescribed medication detailed within these plans is also accessible to staff during excursions or during on-site activities.

Educators will:

- read and comply with the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy
- ensure that a complete auto-injection device kit (which must contain a copy of the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the Service.
- ensure a copy of the child's ASCIA Action Plan is known to staff and students in the Service.
- always follow the child's ASICA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.
- practice the administration procedures of the adrenaline auto-injection device during prescribed first aid and anaphylaxis training (every 3 years)
- ensure the child at risk of anaphylaxis only eats food that has been prepared in accordance with the medical management plan and risk minimisation and communication plan.
- always check a meal before it is given to a child with anaphylaxis.
- ensure tables and bench tops are washed down effectively before and after eating, using the sanitizer provided to the service.
- ensure all children wash their hands upon arrival at the Service and before and after eating in line with *Staying Health in Childcare* requirements

- Wash hands and take measures to ensure personal hygiene occurs after staff meal breaks and before preparing meals or being with children during their meal times.
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties, and family days.
- ensure that the auto-injection device kit is:
    - stored in a location that is known to all staff, including relief staff i.e. Allergy Buddy
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool dark place at room temperature
    - NOT refrigerated
    - contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the ASCIA 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 or during an emergency evacuation
- regularly check the adrenaline auto-injection device expiry date for children's EpiPen or Anapen, notifying the parent/guardian prior to expiry to provide an updated device.
- Regularly check the service Epipen to ensure it is within expiry and order a new one prior to expiry. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

Families will:

- inform management and staff at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis.
- provide staff with their child's ASCIA Action Plan giving written consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner.
- develop a risk minimisation and communication plan in collaboration with the Nominated Supervisor and other service staff.
- provide staff with a complete auto-injection device kit each day their child attends the Service.
- comply with the Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device.
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry.
- assist staff by offering information and answering any questions regarding their child's allergies.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- notify the Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- read and be familiar with this policy.
- notify staff of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes.

An anaphylactic incident is considered a serious incident. After such an incident, the following steps must take place:

- staff members involved in the incident must complete an Incident, Injury, Trauma and Illness Record
- the Nominated Supervisor must inform service management of the incident
- the regulatory authority will be informed of the incident within 24 hours through the NQA IT System
- staff will be debriefed and the child's individual anaphylaxis medical management plan, the ASCIA Action Plan and the risk management plan evaluated, including a discussion of the effectiveness of the procedure implemented
- staff will discuss the exposure to the allergen and any strategies that need to be implemented and maintained to prevent further exposure.

6. Related policies

- Administration of First Aid Policy
- Asthma Management Policy
- Dealing with Medical Conditions Policy
- Diabetes Management Policy
- Enrolment and Orientation Policy
- Excursion and Incursion Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions and Administration of Medication Policy
- Nutrition and Food Safety Policy
- Privacy and Confidentiality Policy

7. Legislative requirements

NATIONAL QUALITY STANDARDS (NQS)	
Quality Area 2	Children's Health and Safety

EDUCATION AND CARE SERVICES NATIONAL LAW ACT	
Section 167	Offence relating to protection of children from harm and hazards
Section 169	Offence relating to staffing arrangements

EDUCATION AND CARE SERVICES NATIONAL LAW REGULATIONS	
Regulation 12	Meaning of a serious incident
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 90 (1)(iv)	Medical Conditions Communication Plan
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement—anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 101	Conduct of risk assessment for excursion
Regulation 136	First aid qualifications
Regulation 162	Health information to be kept in enrolment record

EDUCATION AND CARE SERVICES NATIONAL LAW REGULATIONS	
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
Regulation 174	Time to notify certain circumstances to Regulatory Authority

RELATED LEGISLATIONS
Health Records Act 2001 (Vic)
Occupational Health and Safety Act 2004 (Vic)
Privacy Act 1988 (Cth)
Privacy and Data Protection Act 2014 (Vic)
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)

8. Definitions

Term	Meaning
Adequate supervision	Means: • an educator can respond immediately, particularly when a child is distressed or in a hazardous situation • knowing where children are at all times and monitoring their activities actively and diligently.
Adrenaline autoinjector	An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis must be specific for the brand they have been prescribed.
Allergen	A substance that can cause an allergic reaction.
Allergy	An immune system response to something in the environment, which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.
Allergic reaction	A reaction to an allergen. Common signs and symptoms include one or more of the following: • **Mild to moderate signs & symptoms:** o hives or welts o tingling mouth o swelling of the face, lips & eyes o abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.

Term	Meaning
	• **Signs & symptoms of anaphylaxis are:** o difficult/noisy breathing o swelling of the tongue o swelling/tightness in the throat o difficulty talking and/or hoarse voice o wheeze or persistent cough o persistent dizziness or collapse (child pale or floppy).
Anapen®	A type of adrenaline autoinjector containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg.The child's ASCIA action plan for anaphylaxis must be specific for the brand they have been prescribed
Anaphylaxis	A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
Anaphylaxis training	Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector trainer. Approved training is listed on the ACECQA website
Approved first aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of ACECQA's approved first aid qualifications and training. Matters are likely to include: emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
Approved provider	A person who holds a provider approval (National Law). A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.
ASCIA action plan for anaphylaxis	An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
At risk child	A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.
Communication plan	A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and

Term	Meaning
	emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.
Duty of care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury
Epipen®	A type of adrenaline autoinjector containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an Epipen® and an Epipen Jr®, and each is prescribed according to a child's weight. The Epipen Jr® is recommended for a child weighing 10–20kg. An Epipen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis must be specific for the brand they have been prescribed
Education and care service premises	In relation to a centre-based service, means each place at which an education and care service operates or is to operate.
Excursion	An outing organised by an education and care service or family day care educator but does not include an outing organised by an education and care service provided on a school site if the child or children leave the education and care service premises in the company of an educator and the child or children do not leave the school site (National Regulations).
MACSEYE	Melbourne Archdiocese Catholic Early Years Education Ltd, a subsidiary of Melbourne Archdiocese Catholic Schools Ltd established to conduct early childhood education and care services.
National Law	Unless otherwise specified, the Education and Care Services National Law Act 2010 or, in Western Australia, the Education and Care Services National Law (WA) Act 2012. This applied law system sets a national standard for children's education and care across Australia. See the ACECQA website for the Application Act or legislation that applies in each jurisdiction.
National Regulations	The Education and Care National Regulations. The National Regulations support the National Law by providing detail on a range of operational requirements for an education and care service.
Nominated supervisor	In relation to an education and care service, means a person who: • is nominated by the approved provider of the service under Part 3 to be a nominated supervisor of that service; and • unless the individual is the approved provider, has provided written consent to that nomination (National Law).
Person in day-to-day charge	A person is in day-to-day charge of an education and care service if: • the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the service; and • the person consents to the placement in writing (National Regulations). There are minimum requirements for the person in day-to-day charge.
Person with management or control	In relation to an education and care service, means: • if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or

Term	Meaning
	• if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or • if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or • in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law).
Risk assessment	A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking.

9. Policy information

Policy information			
Policy title:	Anaphylaxis Management Policy	**Version:**	2.0
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Version control		
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1.0	6/9/2024	Policy developed
1.1	05/01/2025	Policy reviewed to ensure it meets currently regulatory and business requirements
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