



ANAPHYLAXIS & ALLERGIC REACTION POLICY

Introduction

Many schools and especially Preschools have policies about managing allergies in the school. Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented at all times

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two percent of the general population and up to five percent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

Normanhurst West Community Preschool recognises the importance of all staff/educators responsible for the child/ren at risk of anaphylaxis, undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Implementation Strategies:

Aim:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the Preschool;
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;
- Staff and parent/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. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the Preschool recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

The Approved Provider will:

- Provide *Emergency Anaphylaxis Management Training* to all staff; and
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

If a child has been diagnosed at risk of anaphylaxis and is enrolled at our Preschool.

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the Preschool and develop a risk minimisation plan for the Preschool in consultation with staff and the families of the child/ren; and
- Ensure that a notice is displayed prominently in the Preschool stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will ensure:

- All parents/guardians as part of the enrolment procedure, prior to their child's attendance at the 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/guardians to provide an Anaphylaxis Action Plan signed by a registered Medical Practitioner;
- An individual Anaphylaxis Action Plan is signed by the child's Registered Medical Practitioner and the Preschool is provided with a complete auto-injection device kit (which must contain a copy of the child's anaphylaxis medical management action plan) for the child while at the Preschool;
- Staff members on duty whenever children are present at the service have completed a current emergency anaphylaxis management training;
- All staff practice the use of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" are carried out on a quarterly basis;
- All relief staff members employed by the Preschool have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- All staff know the child/ren at risk of anaphylaxis, their allergies, the individual Anaphylaxis Action Plan and its location and; the location of the auto-injection device kit which also contains a copy;
- That no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Preschool without the device;
- To implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- Display an Australasian Society of Clinical immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* near the medication cabinets;
- That a child's individual Anaphylaxis Action Plan is current and signed by a Registered Medical Practitioner;
- That the staff member accompanying children outside the Preschool carries the anaphylaxis medication and a copy of the Anaphylaxis Management Action Plan with the auto-injection device kit.
- A copy of the child's Anaphylaxis Management Action Plan is visible and known to staff in the Preschool by inserting a copy into the enrolment record for each child, put a copy on display after parental permission and put a copy in the emergency health

- care folder. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;
- Follow the child's Allergic Reactions Management Plan in the event of an allergic reaction, which may progress to anaphylaxis;
 - 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 on: 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
 - 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;
 - Ensure that the auto-injection device kit containing a copy of the Anaphylaxis Management Action Plan each child at risk of anaphylaxis is carried by a staff member on all excursions;
 - Regularly check 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);
 - All staff are aware of any food allergies and supervise the children when eating meals; and
 - Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Families will:

- Inform staff at the Preschool, either on enrolment or on diagnoses, of their child's allergies;
- Develop an anaphylaxis risk minimisation plan with service staff;
- Provide the Preschool with an Anaphylaxis Management Action Plan signed by the Registered Medical Practitioner, giving written consent to use the auto-injection device in line with this action plan;
- Provide staff with a complete and current auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist staff by offering information and answering any questions regarding their child's allergies;
- Notify the staff of any changes to their child's allergy status and provide a new Anaphylaxis Management Action Plan in accordance with these changes; or on the anniversary of the expiration of the Plan.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- Comply with the Preschool's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Preschool or its programs without that device.

Supporting Documentation

DOCUMENTATION TYPE	DOCUMENTATION NAME	LOCATION
Preschool Policy	<ul style="list-style-type: none"> • Asthma Policy • Infectious Diseases • Nutrition, Food & Dietary Requirements • Medical Conditions • Confidentiality 	Policy folder Director Computer - Dropbox
Preschool Procedures		
Preschool Forms	<ul style="list-style-type: none"> • Action Plan for Allergic Reaction for Education and Care Services • Anaphylaxis Action Plan for Education and Care Services • Allergic Reaction First Aid Poster • Health Care Form • Incident Injury and Trauma Report • Medication Report Form • Risk Minimisation Plan 	
DOE Form	<ul style="list-style-type: none"> • Notification of Complaints and Incidents & Additional Children in an emergency (NL01) 	
Resources	Australasian Society of Clinical Immunology and Allergy www.allergy.org.au	

Review History: Version 4

- April 2008 Policy created
- May 2014 Policy reviewed
- October 2016 Policy reviewed and made as a separate policy from the medical conditions. All required changes adopted
- September 2018 Policy reviewed and updated to current NQS
- 2020 Review Date

Policy Availability

This Policy will be readily accessible to all staff, families and visitors. A hard copy is located at the sign in desk and a copy is accessible through our website www.nwcps.org

Legislative Links

Education and Care Services National Law (Act 2010) Section 173
 Education and Care Services National Regulations 2011: 90, 91, 162
 Links to National Quality Standard: 2.1, 2.2, 7.1.2, 7.1.3
 Health Records Act 2001