**Anaphylaxis and Allergies Management Policy**

**Rationale:**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing with approximately 1 in 20 Australian children having food allergy and approximately 1 in 50 having peanut allergy. The most common allergens in children are peanuts, egg, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to the prevention of anaphylaxis in childcare services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between childcare services and parents/guardians is important in helping children avoid exposure. Adrenaline given through an adrenaline auto injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

**Policy:**

The purpose of this policy is to support management of anaphylaxis/allergies and to provide a safe environment for children with those conditions. While it is not possible to totally eliminate exposure to triggers in the childcare centre environment and/or at offsite locations, we will make all efforts to reduce exposure to triggers wherever possible.

The Avenue Children’s Centre and Kindergarten is not nut free environment, however, families and educators are asked not to bring foods that contains nuts or nuts products into the centre. Management of allergic or anaphylactic reaction will be in accordance with each child’s specific anaphylaxis/allergy management plan, which are to be posted in designated areas and include a recent photograph of the child.

**Strategies and practices:**

**Management will:**

* Provide Emergency Anaphylaxis Management Training to staff and ensure at least one staff member who has completed accredited anaphylaxis training is on duty whenever children are being cared for or educated.
* Identify children with allergies and anaphylaxis during the enrolment process
* Provide parents a copy of the Anaphylaxis and Allergy Management Policy and Medical Condition Policy upon enrolment
* Obtain an Anaphylaxis/Allergy Management Plan for each child attending the centre who has allergy or anaphylaxis
* Ensure risk management plan and communications plan are developed for each child at the centre who has been medically diagnosed with allergy or as at risk of anaphylaxis, in consultation with that child’s parents/guardians
* Ensure that all staff are informed of the children in their care with anaphylaxis/allergies and their current anaphylaxis/allergies plans
* Display the Anaphylaxis Action Plan in the child’s room and the kitchen
* Store a copy of Anaphylaxis/Allergies Action Plans in the child’s enrolment record
* 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
* Encourage open communication between parents/carers and staff regarding the status and impact of a child’s allergies/anaphylaxis
* Ensure that Risk Minimisation Plan is filled in by both staff and parents
* Ensure the cook is 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
* Ensure that the auto-injection device kit is stored:

• in a location that is known to all educators, including relief educators, and in a place clearly identifiable by child’s photo

• easily accessible to adults

• inaccessible to children and away from direct sources of heat

* Anaphylaxis emergency procedures will be conducted and evaluated every six months to ensure staff are confident in the procedure and able to act in an emergency.

**Staff will:**

* Ensure that they maintain current accreditation in Emergency Anaphylaxis Management (valid for three years).
* Ensure that they are aware of the children in their care with allergies/anaphylaxis
* Identify and, where practical, minimise allergy/anaphylaxis triggers.
* Ensure an Anaphylaxis/Allergy Action Plansigned by the child’s doctor and a complete auto-injection device kit or prescribed allergy medication is provided for all children at risk in their care
* Ensure a copy of the child’s Anaphylaxis/Allergy Action Planis visibly displayed in the child’s room (with a current photo on it)
* Implement the agreed detailed strategies in the Anaphylaxis/Allergy Risk Minimisation Plan
* Ensure the auto-injection device kit is stored in the location nominated on the child’s Anaphylaxis Action Plan
* Where necessary, modify activities in accordance with a child’s needs and abilities.
* Ensure that all regular prescribed allergy medication or EpiPen is administered in accordance with the information on the child’s written Anaphylaxis/Allergy Action Plan.
* Ensure that all medication and EpiPen is in date
* Ensure that children with allergies/anaphylaxis are treated the same as all other children
* Implement the following procedure where the child has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction

Mild to moderate signs & symptoms:

* hives or welts
* tingling mouth
* swelling of the face, lips & eyes
* abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.

Signs & symptoms of anaphylaxis are:

* difficult/noisy breathing
* swelling of the tongue
* swelling/tightness in the throat
* difficulty talking and/or hoarse voice
* wheeze or persistent cough
* persistent dizziness or collapse (child pale or floppy).

**Emergency Procedure:**

* **call an ambulance immediately (triple zero)**
* **commence first aid measures**
* **contact the parent/guardian**
* **contact the emergency person/s if the parent/guardian cannot be contacted**

**Parents will:**

* Inform educators/staff, either upon enrolment or on initial diagnosis, that their child has a history of allergies or anaphylaxis reaction
* Provide all relevant information regarding the child’s allergies via the written Allergy/Anaphylaxis Action Plan, which should be provided to the centre upon enrolment
* Notify educator/staff, in writing, of any changes to the Allergy/ Anaphylaxis Action Plan during the year.
* Parents/guardians are responsible for supplying the adrenaline autoinjector/ allergy medication and ensuring that the medication has not expired.
* Ensure that they comply with all requirements and procedures in relation to the Medications Record.
* Communicate all relevant information and concerns to staff as the need arises (e.g. if allergy symptoms were present the previous evening).
* Ensure, in consultation with educators, the health and safety of their child through supervised management of the child’s allergy
* Comply with the centre’s practice that foods containing nuts or nut products, for example Nutella and peanut butter, are not to be brought to the centre. Food sharing is also discouraged to prevent anaphylactic reactions
* Note that, in the case where foods are identified to cause anaphylaxis in children attending the centre, families and educators may be asked not to bring these foods into the centre.

**Children will:**

* Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

**Links to other policies:**

* First Aid Policy
* Medical Condition Policy
* Administration of Medication Policy
* Management of Asthma Policy
* Excursion Policy
* Food and Nutritious Policy
* OH&S Policy
* Incident, Injury, Trauma and Illness Policy
* Inclusion and Equity Policy
* Privacy and Confidentiality Policy
* Supervision of Children Policy

**Sources and further reading:**

* Anaphylaxis Management Guidelines for Child Care and Outside School Hours Care Services in Western Australia
* ACECQA <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications>
* Allergy & Anaphylaxis Australia Inc [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
* Department of Education and Training (DET) http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx
* Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne www.rch.org.au/allergy
* Educational and Care Services National Regulation 2011
* Education and Care Services National Law Act 2010
* Health Records Act 2001 (Vic)
* Occupational Health and Safety Act 2004 (Vic)
* Privacy and Data Protection Act 2014 (Vic)
* Privacy Act 1988
* Public Health and Wellbeing Act 2008 (Vic)
* Public Health and Wellbeing Regulations 2009 (Vic)

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