

 MACQUARIE University	Allergy and Anaphylaxis Management	Work Area:	Children's Programs
		Contact Officer:	Business Operations Manager, Early Learning
		Revision Number:	3
		Last Modified:	June 2024
	Policy		

PURPOSE	To facilitate effective care and health management of children who have allergies and/or anaphylaxis and to minimise the risk of an allergic reaction occurring at the centre/program.
OVERVIEW	<p>U@MQ Ltd (Campus Life) understands the importance of providing a safe and healthy environment for all its community members.</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Person in Charge refers to whoever has responsibility for the service/program at that time. This is most likely to be the Centre Manager or Program Supervisor/Manager or Responsible Person (dependent on the location/program type). • A Parent is someone who has legal responsibility for a child. This may be a natural parent (through birth) or a legal guardian (legally appointed) but does not include a parent who is prohibited by a court order from having contact with the child. • Adrenaline - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however the body is not able to produce enough adrenaline to treat anaphylaxis. • Adrenaline injector - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (EpiPen® and Anapen®) are automatic injectors. • Adrenaline injector for general use – An adrenaline injector for first aid kits that has not been prescribed for a specific person. • Adrenaline injector trainer devices – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device. • Allergens - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen, and moulds. The most common causes in young children are eggs, peanuts, tree nuts, wheat, soy, fish, shellfish, cow's milk, sesame, bee or other insect stings and some medications. • Allergy - When the immune system reacts to substances in the environment that are harmless for most people. • Anaphylaxis - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline. • ASCIA Action Plan (may also be referred to as <i>Medical Action Plan</i>) - A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the child's doctor or nurse practitioner. There are different types of plans:

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	<ul style="list-style-type: none"> ○ ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector. ○ ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger. ○ ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example. ○ ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster. <ul style="list-style-type: none"> ● Risk Minimisation and Communication plan - A plan that documents the child's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction including anaphylaxis. It also includes a copy of the child's ASCIA Action Plan. ● Staff - includes full-time, part-time, casual and relief staff, administration staff attending the centre/program, staff who prepare and serve food to the children, and any other staff employed by the centre/program who are part of the staff roster. ● Children at risk of anaphylaxis - Children with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy. ● A registered Medical Practitioner - one who is on the Register of Practitioners maintained by the Australian Health Practitioners Registration Agency. This Register can be accessed at www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx ● A Nurse Practitioner - a Registered Nurse with the experience, expertise and authority to diagnose and treat people of all ages with a variety of acute or chronic health conditions. They have completed additional university study at Master's degree level and are the most senior and independent clinical nurses in the Australian health care system. ● A Risk Assessment is a systematic process of evaluating the potential risks and relevant mitigations involved in an activity.
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	Our approach to allergies and anaphylaxis is based on the latest advice and best practice guidelines from Allergy Aware .
RESPONSIBILITY/SCOPE	U@MQ Ltd Approved Services (Early Learning Centres and Vacation Care) and Discovery Academy programs
THE POLICY	

While it is not possible to completely remove the risk of a child having an allergic reaction while attending a U@MQ centre/program, it is possible to reduce the risk using appropriate risk minimisation strategies.

About Allergic reactions

A mild to moderate allergic reaction may precede anaphylaxis and include any of the following symptoms:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (in insect allergy these are signs of anaphylaxis)

Anaphylaxis (severe allergic reaction) is indicated by any one of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Pale and floppy (in young children)
- Persistent dizziness or loss of consciousness and/or collapse


The severity of an anaphylactic reaction can be influenced by several factors including minor illness, asthma and, in the case of food allergens, the amount eaten. Symptoms may be unique to each individual child so and the ASCIA Action Plan will be used as the source of truth for each child.

Key Principles

All enrolment or registration forms will ask the parent/guardian to inform the centre/program if the child has an allergy.

The centre/program staff will obtain from the parent/guardian up-to-date medical information, generally in the form of an ASCIA Action Plan completed by the child's treating doctor or nurse practitioner and the centre/program will develop a Risk Minimisation and Communication Plan for Medical Conditions for each child with an allergy prior to them attending the centre/program. The family will also be expected to provide the centre/program with in-date medication listed on the action plan for when the child is in attendance. If the allergy only becomes known after the child has been attending the centre/program, it is recommended that the ASCIA Action Plan and the Risk Minimisation and Communication Plan for Medical Conditions are in place prior to the child returning to the centre/program.

Where the program is being provided to an external organisation eg preschool or school incursions, the children remain the responsibility of the external organisation and the Risk Minimisation and Communication Plan will not be required. Details of any allergies will be requested from the external organisation in advance

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so that use of allergens in the activity can be minimised. Campus Life staff will follow and support the relevant policies and practices of the external organisation. In addition, the risk of exposure to allergens and relevant mitigation strategies will be addressed in the Risk Assessment undertaken for the activity.

Children who only have an ASCIA Action Plan for Drug (medication) Allergy do not require a Risk Minimisation and Communication Plan for Medical Conditions as the child can easily avoid the medication while in the care of the centre/program.

Parents will provide an updated ASCIA Action Plan if there is a change in a child's allergy. If no plan is available, the most recent plan can still be used but parents need to be asked to see a doctor to update the ASCIA Action Plan as soon as possible. If there is no change in the child's allergy, the plan should be updated before the date specified by the child's doctor or nurse practitioner on the current plan. This would normally occur every 12-18 months when the child is reviewed by their doctor. If the child no longer has an allergy, a medical certificate will need to be provided by the child's doctor or nurse practitioner confirming this.

A Risk Minimisation and Communication Plan for Medical Conditions will be developed in consultation with parents and will include the ASCIA Action Plan. They will outline practical strategies to reduce the risk of accidental exposure to known allergic triggers for both on-site and off-site activities (where applicable) and will be reviewed if an allergic reaction continues, if there are changes to the child's medical condition and as appropriate.

Staff will be trained in the prevention, recognition and treatment of allergic reactions including anaphylaxis. They will be informed when a child with an allergy will be attending and informed of the contents and location of the ASCIA Action Plan and the Risk Minimisation and Communication Plan for Medical Conditions for that child. Where approval has been provided by the parent, the ASCIA Action Plan will be displayed in key locations at the centre.


The Person in Charge will ensure the staff are aware that a child is attending who is known to have allergies and are provided with access to the ASCIA Action Plan and are aware of their responsibilities as outlined in the Risk Minimisation and Communication Plan for Medical Conditions. Staff will also be aware that children's allergic reactions do not always present the same way and reactions can be sudden or may evolve over a few hours. This will include that a child may have their first allergic reaction while at the centre/program.

Where a child with a known allergy attends a centre/program, where applicable, staff will provide age-appropriate education to the other children in the group to manage risks of an allergic reaction.

Every centre/program will have access to at least one general use (emergency) adrenaline injector while any child is present (regardless of having known allergies or not). An additional general use (emergency) adrenalin injector should be taken if any children leave the premises during program operating hours under the supervision of centre/program staff, eg on excursion.

In the event of an anaphylactic reaction occurring at the centre/program, appropriate and relevant support will be provided to staff who manage the reaction, for the child who experienced the reaction, and for any staff or children who witnessed the reaction.

All legislative and Campus Life reporting requirements will be followed if an allergic reaction occurs while the child is in the care of the centre/program.

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The centre/program will have an anaphylaxis emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans will be practiced twice a year. Separate emergency response plans will be developed for any off-site activities.

In some cases, children of primary school age or older may administer their own adrenalin auto injector. In this instance, parent/guardian authorisation for a child to self-administer medication is required.

Policy Information

Contact Officer (Role Title)	Business Operations Manager, Early Learning
Date Approved	19 June 2024
Approval Authority (Role Title)	CEO of U@MQ Ltd. (Campus Life)
Date of Commencement	5 July 2024
Amendment History	16 May 2013, July 2015; Sept 2017
Date for Next Review	April 2026
Related Documents	<u>Legislation</u> Education and Care Services National Regulations <ul style="list-style-type: none"> Sections 16, 167 Regs 85-87, 89, 90, 92-94, 101, 136, 161, 162 <u>Policies</u> Managing Medical Conditions Policy Administration of Medication Policy Administration of First Aid Policy Use and Storage of Dangerous Substances and Materials Policy Incident, Injury, Trauma and Illness Policy <u>Procedures/Work Instructions</u> Allergy and Anaphylaxis Management Procedure <u>Forms</u> Permission to Administer Medication Form Permission to Self-Administer Medication Form Risk Minimisation and Communication Plan for Medical Conditions Incident, Injury, Trauma and Illness Form <u>References</u> Resources from https://allergyfacts.org.au/ Resources from https://foodallergytraining.org.au/ Resources from https://www.allergyaware.org.au/childrens-education-and-care
Policies superseded by this	
Keywords	Anaphylaxis; allergic reaction; EpiPen®; Anapen®; allergies