



ANAPHYLAXIS MANGEMENT

<p>Purpose</p>	<p>To ensure procedures are in place for appropriate management of any anaphylactic reaction and to minimize the risk of an anaphylactic reaction occurring while a child known to have anaphylaxis is in the care of the service.</p>
<p>Overview</p>	<p>Anaphylaxis is a severe and sometimes sudden allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, sesame, bee or other insect stings and some medications. Anaphylaxis is potentially life threatening and always requires an emergency response.</p> <p>Adrenaline auto injectors are auto-injector devices containing a single dose of adrenaline in a spring-loaded syringe. The two brands approved for sale in Australia are the EpiPen® and the Anapen®. Both have a version for children under 20kg calls EpiPen® Jnr and Anapen® Jnr.</p> <p>A registered Medical Practitioner is 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</p>
<p>Scope</p>	<p>All Children's Services</p>
<p>The Policy</p>	<p>About Anaphylaxis</p> <p>The severity of an anaphylactic reaction can be influenced by a number of factors including minor illness, asthma and, in the case of food allergens, the amount eaten.</p> <p>A mild to moderate allergic reaction may precede anaphylaxis and include any of the following symptoms:</p> <ul style="list-style-type: none"> • 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) <p>A severe allergic reaction is indicated by any one of the following:</p> <ul style="list-style-type: none"> • 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)
- Loss of consciousness and/or collapse

Children are at increased risk where they have food induced anaphylaxis and asthma.

Reactions can be sudden or may evolve over one to two hours. Educators will be aware that a child could have their first allergic or anaphylactic reaction while they are at the centre.

Processes

The enrolment process will include all parents being asked if their child has any known allergies. The enrolment/registration form will also record any known allergies.

Prior to attendance, a medical Action Plan signed by a registered Medical Practitioner and a complete adrenalin auto-injection device kit must be provided to the centre/program by the parent. No child who has been identified as having anaphylactic allergic reactions will be permitted to attend the centre/program without provision by the family of both the medical Action Plan and the adrenalin auto injector.

The medical Action Plan will be kept in the child's file. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication would be used.

Verbal permission will be sought from families to display their child's medical Action Plan in a prominent location within the child's playroom in centre based environments. A copy will also be kept in every other playroom of the centre, in the office, and in the kitchen in centre based environments.

Both staff and families need to ensure that the auto-injection device is within expiry date. This check will be included in regular first aid kit checks.

Parental Responsibilities

Parents are asked to:

- Notify the centre/program if they are aware that their child has been diagnosed as at risk of a severe allergic reaction
- Notify the centre/program if the health needs of their child changes
- Notify the centre/program if their child has a severe allergic reaction while not at the centre
- Inform the centre/program of any other health care needs, disability or learning or behaviour difficulties which may impact on the management of anaphylaxis
- Assist in the development of a Risk Minimisation Plan so the centre can support their child's health needs
- Provide a medical Action Plan completed and signed by the child's medical practitioner

- Request a new medical Action Plan each time an adrenaline auto injector is prescribed and provide any updated plans to the centre
- Provide the equipment and supplies to enable the centre/program to support the child's health needs, eg the appropriate adrenaline auto injector
- Replace the adrenaline auto injector before it expires or after it has been used
- Authorise the centre/program to administer prescribed medications where necessary, eg antihistamines

Educator Training

Sufficient educators will be trained in First Aid and have completed an approved Anaphylaxis Management course to ensure there is at least one educator with this training on the premises at all times. The Anaphylaxis Management training will include preventative measure to minimize the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto injector.

All other educators will be made aware of anaphylaxis, including the general symptoms and any preventative measures in place.

All staff will be informed when a child is at risk of anaphylaxis and given details about their allergies and the location of the adrenalin auto injector. They will also be made aware of the medical Action Plan and its location.

Environment

It is not possible to achieve a completely allergen-free environment in any centre that is open to the general community. The centre will 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 decision to exclude certain foods will be made in consultation with the identified child's medical specialist and the child's parents.

Cooks and other staff responsible for preparation of food will be fully informed about any food allergies. They will follow safe food preparation procedures to address the risk of cross-contamination and provide nutritionally equivalent substitutes for potential allergens in recipes and food preparation.

Self-administration

In some cases, primary school aged children may administer their own adrenalin auto injector. In this instance, an authorisation for a child to self-administer medication is required.

Emergency Anaphylactic Reaction

In the situation where a child who has not been diagnosed as allergic, but who arrears to be having an anaphylactic reaction:

	<ul style="list-style-type: none"> - Call University Security on 9999 to alert the need for an ambulance - Commence First Aid - Contact the parent/guardian - Contact the emergency contacts if the parent/guardian cannot be contacted. <p>Emergency Adrenaline Auto Injector All services and programs will keep an emergency adrenaline auto injector on the premises. The device will be included in First Aid Kit checks to ensure that it remains in date.</p> <p>The adrenaline auto injector/s will be stored in a location that is known to all staff, including relief staff. It will be easily accessible to adults but inaccessible to children and away from direct sources of heat.</p> <p>Excursions During non-routine and routine excursions, a child's adrenaline auto injector, containing a copy of the medical Action Plan for each child at risk of anaphylaxis, is carried by a staff member. In addition, the centre emergency adrenaline auto injector is to be carried on all excursions. It is therefore recommended that the early learning and education services have two emergency anaphylaxis kits to ensure there is always access to one.</p>
Keywords	Allergic reaction; anaphylaxis; EpiPen®; Anapen®; allergies

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Policies/Rules Superseded by this Policy	CS-0029B