



Glen Eira Kindergarten Association INC.

<b>Title</b>	<b>Anaphylaxis Policy</b>
<b>Policy Category</b>	Childrens Programs
<b>Policy Type</b>	Mandatory
<b>NQF Standard</b>	NQS: Quality Area 2
<b>Related Legislation</b>	See legislation map

### Background and Context

This policy will provide guidelines to:

- minimise the risk of an anaphylactic reaction occurring while children are in the care of the GEKA service
- ensure that service staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device, often called an EpiPen
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.
- This policy should be read in conjunction with the GEKA Dealing with Medical Conditions Policy.

GEKA believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, often called an EpiPen®

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. GEKA will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the Education and Care Services National Regulations 2011 (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to Definitions).

Approved anaphylaxis management training is listed on the ACECQA website.

### Scope

This policy applies to GEKA, Nominated Supervisor/GEKA Leaders educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the GEKA service. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

### Definitions

**Anaphylaxis action plan:** Refer to the definition for anaphylaxis medical management action plan below.

**Adrenaline auto-injection device:** 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®. After using an adrenaline auto injector, an ambulance must be called immediately to take the person to hospital, so they can be given further treatment and remain under observation for at least four hours. The used adrenaline auto injector needs to be clearly labelled with the time it was administered and then handed over to the ambulance officers.

**Expired** adrenaline auto-injectors are used as a training tool in services. Once used for training purposes, they should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

**Adrenaline auto-injection device training:** Training in the use of the adrenaline auto-injection device that is provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, through accredited training institutions or through the use of a self-paced training CD and auto-injection device trainer.

**Adrenaline auto-injector kit:** An unused, in-date, adrenaline auto-injection device, is kept in a clearly identified 'allergy buddy' with a copy of the child/person's anaphylaxis medical management action plan, and telephone contact details for the child/person's parents/guardians/emergency contact, doctor/medical personnel. Auto-injection devices must be stored away from direct heat.

**Allergy:** An immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.

**Allergen:** A substance that can cause an allergic reaction.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, coughing or wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance Victoria 'How to Call' Card:** A card containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card must be kept within easy access of all service telephone/s. A sample card can be downloaded from <http://ambulance.vic.gov.au/community-education/education/calling-an-ambulance/>

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

**Anaphylaxis medical management action plan:** (sometimes simply referred to as an Action Plan): An individual medical management plan prepared and signed by the child/person's treating, registered medical practitioner that provides the child/person's name and allergies, a photograph of the child/person, 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 auto-injection device or medication prescribed for each child. Examples of plans specific to different adrenaline auto-injector 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/](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis/)

**Anaphylaxis management 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 auto-injection device (refer to Definitions) trainer. Approved training is listed on the ACECQA website.

**Approved anaphylaxis management training:** Training that is approved by the National Authority in accordance with Regulation 137(e) of the Education and Care Services National Regulations 2011, and is listed on the ACECQA website.

**At-risk child:** A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

**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 reasonable foreseeable risk of injury.

**EpiPen®:** A type of adrenaline auto-injection device (refer to Definitions) 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 anaphylaxis medical management action plan (refer to Definitions) must be specific for the brand they have been prescribed.

**GEKA Leader:** A person who is nominated by GEKA Management to provide leadership and mentoring (operational and educational) across the organisation, that aligns with the National Early Years Framework and who actively promotes and ensures adherence to all GEKA practices, policies and procedures.

**Intolerance:** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**No food sharing:** A practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person. Careful consideration and consultation will take place with a child's parent/guardian when preparing a cooking experience as part of the curriculum, that details what the child can and cannot eat.

**Nominated Supervisor:** A person who has been nominated by GEKA under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor(s) with responsibility for the service in accordance with the National Regulations (Section 5 and 161).

**Risk minimisation:** The practice of developing and implementing a range of strategies to reduce hazards for a child/person at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

**Risk minimisation and communication plan:** A plan that forms part of the policy outlining how the service will communicate with parents/guardians and service staff (employees) in relation to the policy. A service-

specific plan that documents a child/person's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation and communication plan should be developed by GEKA/Nominated Supervisor/GEKA Leader in consultation with the parents/guardians of the child or service staff of GEKA with anaphylaxis and at risk of anaphylaxis. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment.. The risk minimisation and communication plan also describes how parents/guardians and service staff (employees) will be informed about risk minimisation plans and emergency procedures to be followed when a child/person, is diagnosed as at risk of anaphylaxis is enrolled/works at a service.

**Staff record:** A record which GEKA of a centre-based service must keep containing information about the Nominated Supervisor/GEKA Leader staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.

## Policy

### **GEKA is responsible for:**

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation and communication plan, is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to Definitions) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to Definitions) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor/GEKA Leader, educators, staff members, students and volunteers at the service are provided with a copy of the Anaphylaxis Policy and the Dealing with Medical Conditions Policy
- ensuring parents/guardians and others at the service are provided with a copy of the Anaphylaxis Policy and the Dealing with Medical Conditions Policy (Regulation 91)
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer or expired (out of date) auto injection trainer at least annually, and preferably quarterly, and that participation is documented in the staff record
- ensuring the details of approved anaphylaxis management training (refer to Definitions) are included on the staff record (refer to Definitions),
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to Excursions and Service Events Policy)
- identifying children at risk of anaphylaxis during the enrolment process and informing staff.
- In services where a child diagnosed as at risk of anaphylaxis is enrolled, GEKA is also responsible for:
  - displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f))
  - ensuring an anaphylaxis medical management action plan, risk minimisation and communications plans are developed for each child at the service who has been diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner.

- Ensuring an anaphylaxis medical management action plan, risk minimisation and communication plans are completed for service staff (employees) diagnosed at risk of anaphylaxis in consultation with a registered medical practitioner
- ensuring that all service staff (employees) diagnosed as a risk of anaphylaxis, have details of their allergy, anaphylaxis medical management action plan and risk minimisation and communication plan are clearly displayed in allergy buddy within the program and a copy of their medical action plan and risk minimisation and communication plans are also filed in their staff file
- ensuring that all children diagnosed as risk of anaphylaxis have their medical management plan clearly displayed in the service allergy buddy. Children diagnosed as at risk of anaphylaxis have details of their allergy, their anaphylaxis medical management plan and their risk minimisation and communication plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline auto-injector kits (refer to Definitions)
- ensuring the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required
- ensuring that a sharps disposal unit is available at the service for the safe disposal of adrenaline auto-injection devices
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to Definitions) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to Nutrition and Active Play Policy and Food Safety Policy)
- ensuring that children at risk of anaphylaxis are not discriminated against in any way
- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)
- ensuring that parents/guardians/emergency contact of a child and emergency services are notified as soon as is practicable, if medication has been administered to that child/person in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94) documenting the time medication was administered
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to who medication is to be administered
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying DET, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk

- displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) generic poster Action Plan for Anaphylaxis in key locations at the service
- displaying Ambulance Victoria's AV How to Call Card (refer to Definitions) near all service telephones
- complying with the risk minimisation procedures
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto-injector kit (refer to Definitions) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.

#### **Risk Assessment:**

The National Law and National Regulations do not require a service to maintain a stock of adrenaline auto-injection devices at the service premises to use in an emergency. However, GEKA believes it is best practice to have a minimum of one adrenaline auto-injection devices at each service, that is available for use in an emergency. It is the responsibility of GEKA to ensure that:

- adequate stock of the adrenaline auto-injection device is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the device is administered by an educator with approved anaphylaxis management training
- the service follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline auto-injection devices, of the brand that the service carries and of the procedures for the use of these devices in an emergency.

#### **The Nominated Supervisor/GEKA Leader is responsible for:**

- ensuring that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- After administering an adrenaline auto injector, an ambulance must be called immediately to take the person to hospital, so they can be given further treatment and remain under observation for at least four hours. The used adrenaline auto injector needs to be clearly labelled with the time it was administered and then handed over to the ambulance.
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis pertaining to a child in their care or service staff (employees) with anaphylaxis
- ensuring an adrenaline auto-injector kit (refer to Definitions) is taken on all excursions and other offsite activities (refer to Excursions and Service Events Policy)
- compiling a list of all those in the service (children and service staff/employee) at risk of anaphylaxis and placing it in the allergy buddies available and available in an areaknown by all staff. This should include the anaphylaxis medical management action plan for each child/person ensuring that all staff, including casual and relief staff, are aware of children and service staff members (employees) diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans, risk minimisations and communication plans

- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to Nutrition and Active Play Policy and Food Safety Policy)
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring that all persons involved in the program, including but not limited to parents/guardians, volunteers and students on placement are aware of children/people diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode
- practising the administration of an adrenaline auto-injection device using an auto-injection device trainer or expired auto injection device and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly and once practiced, is documented on the staff record
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- ensuring staff dispose of used adrenaline auto-injection devices that have been used for training purposes appropriately in the sharp's disposal unit provided at the service by GEKA
- ensuring that the adrenaline auto-injector kit is stored in the service allergy buddies and is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to Excursions and Service Events Policy)
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- Informing GEKA and the child's parents/guardians following an anaphylactic episode as soon as practicable
- Informing GEKA and the service staff's (employee) emergency contact following a service staff members anaphylactic episode as soon as practicable
- complying with the risk minimisation procedures

**All Educators and staff are responsible for:**

- reading and complying with the Anaphylaxis Policy and the Dealing with Medical Conditions Policy
- maintaining current approved anaphylaxis management qualifications (refer to Definitions)
- practising the administration of an adrenaline auto-injection device using an auto-injection device trainer or expired auto injection device and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly and once practiced, is documented on the staff record
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis
- knowing which children and service staff (employee) are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits medical management action plans and risk minimisation and communication plans
- identifying and, where possible, minimising exposure to allergens (refer to Definitions) at the service
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to Nutrition and Active Play Policy and Food Safety Policy)
- assisting with the development of a risk minimisation plan for children diagnosed as at risk of anaphylaxis at the service
- following the child's/persons anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode

- Informing GEKA and the child's parents/guardians following an anaphylactic episode as soon as practicable
- Informing GEKA and the service staff's (employee) emergency contact following a service staff members anaphylactic episode as soon as practicable
- disposing of used adrenaline auto-injection devices that have been used for training purposes in the sharp's disposal unit provided at the service by GEKA
- taking the adrenaline auto-injector kit (refer to Definitions) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures
- contacting parents/guardians immediately if an unused, in-date adrenaline auto-injection device or medication has not been provided to the service for a child/service staff (employee) diagnosed as at risk of anaphylaxis. Where this is not provided, children/service staff (employee) will be unable to attend the service
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensuring that children/person diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

**Parents/guardians of a child at risk of anaphylaxis are responsible for:**

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- assisting GEKA and staff to develop an anaphylaxis risk minimisation and communication plan
- providing staff with an anaphylaxis medical management action plan signed and dated by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline auto-injector kit and accompanying medication each time the child attends the service
- ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device and medication prescribed by the child's medical practitioner
- regularly checking the adrenaline auto-injection device's and accompanying medication expiry date
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan and risk minimisation and communication plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline
- Children with a prescribed auto-injection device are not permitted to attend the service or its programs without that device and any accompanying medication
- complying with the risk minimisation procedures
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis

**All parents/guardians are responsible for:**

- reading and complying with this policy and all procedures
- bringing relevant issues and concerns to the attention of both staff and GEKA.

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

#### Approvals and Revision

Date	Version	Author	Revision Description
<i>Q3 2012</i>	<i>1.00</i>	<i>GEKA Management</i>	<i>New Policy</i>
<i>Q3 2021</i>	<i>5.00</i>	<i>GEKA Management</i>	<i>Annual Review</i>