

Anaphylaxis Management Procedure

This procedure should be read in conjunction with the 'Medical Conditions and Medication Policy'

Known allergies

1. Allergies are considered a medical condition and require documentation as per our medical conditions policy and procedures.
2. Whenever a child at risk of anaphylaxis is enrolled at the service, or newly diagnosed as being at risk of anaphylaxis, all staff will be told:
 - the child's name and how to identify them
 - where the child's ASCIA Action Plan is located
 - where the child's adrenaline injector is located
3. Staff will help children at risk of anaphylaxis feel safe while they are at the service by:
 - Talking to the child about signs and symptoms of an allergic reaction so they learn to talk about these symptoms and how to tell staff when they are having an allergic reaction.
 - Taking the child's and their parent's/guardian's concerns seriously.
 - Making every effort to address any concerns/worries they may talk about.
4. In the centre foyer, a current list of allergens children are at risk of anaphylaxis to will be clearly displayed. Families are asked to avoid sending snacks to the centre containing these current allergens.

Adrenaline injectors (Epi-Pen or Anapen)

1. Children who are prescribed with an adrenaline injector, parents/guardians will be required to make one device available to the service while the child is in care.
2. The adrenaline injector must be labelled with the name of the child and placed in a location easily available to staff (not locked away), but not accessible to children.
3. Prescribed adrenaline injectors and ASCIA Action Plans will be taken whenever the child goes off-site including bus runs to and from school.
4. Each service will have at least one general use adrenaline injector at the service at all times while children are on-site, and an additional adrenaline injector will accompany each group of children while off-site or during transport.
5. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is not administered correctly, if the child requires a second dose or if a child does not have a prescribed device.
6. All adrenaline injectors will be stored at room temperature and away from direct heat and sunlight.
7. Adrenaline injectors will be regularly checked to ensure they have not expired and do not need to be replaced.

Anaphylaxis emergency response

1. Staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors.

2. Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
3. The staff will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
4. Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
5. Where an adrenaline injector is administered, an Ambulance will be called and the child transported to hospital, as the child needs medical care and observation for at least four hours after being given the adrenaline injector.
6. A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylactic reaction whilst at the service. If service staff think a child, staff member or visitor may be having an anaphylactic reaction, the general use adrenaline injector should be given to the individual immediately. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.
7. After an allergic reaction/anaphylaxis, the child's current Risk Minimisation plan will be reviewed to determine if the service's risk minimisation strategies and emergency response procedures need to be changed or improved.

Child education

1. Staff will educate children about allergies and the risk of anaphylaxis in an age-appropriate way, including signs and symptoms of an allergic reaction and what to do if they think their friend is having a reaction.
2. Considering each child's development, staff will talk about strategies to help keep children with food allergies safe, such as children not sharing food or water bottles and washing their hands after they have eaten something another child is allergic to.
3. Staff will include information and discussions about food allergies in the programs, to help children understand about food allergy and to encourage caring, acceptance and inclusion of all children.

Reporting procedures

1. If a child is exposed to a known allergen, an Incident Report will be completed. The Centre Manager will inform staff about the incident and report all details to ACECQA via the NQS-IT System.
2. Staff will be offered a debrief after each incident. An emergency can cause staff and other children distress especially if the event was life-threatening.

PROCEDURE VERSION AND REVISION INFORMATION



Authorised by GENERAL MANAGER

Current version

1

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