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Anaphylaxis Policy

Custodian: Management
Committee

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Approved By:

Burcu Subasi

Chairperson

**On behalf of the Management
Committee.**

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Supersedes: New Policy

1 Purpose:

To support the safe inclusion of children at risk of anaphylaxis. To raise awareness about allergy, including anaphylaxis and the Centre's approach to anaphylaxis management.

2 Scope:

Approved Provider (note: at this Centre there are 2 Approved Providers- the Management Committee & the Department for Education)
Nominated Supervisor
Responsible Persons
Educators
Parents & Children
Volunteers & Students

3 Supporting Documents:

[Child Health Policy](#)
[Medication Policy](#)
[Procedure for administering medication](#)
[Healthy Food and Nutrition Policy](#)
Health Support Agreement
Individual Safety and Risk Management Plan
Medically Modified Diet plan

4 Policy Details:

Anaphylaxis is a severe, life-threatening allergic reaction. The best way to prevent anaphylaxis in children's education and care services is to know which children have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the Centre and parents is important to help children avoid known allergens. Parents and Educators need to work

together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.

5 Procedures:

Knowing which students have allergies

- Parents are required to notify the centre at the time of enrolment, or as soon as they receive a diagnosis, of any ongoing medical conditions or health needs (Eg, Allergies or Anaphylaxis).
The Centre will provide the parents with all relevant **Health Care, Diet and Medication plans** to be completed and signed by a Doctor (Copies of these plans are available from the office). Together, parents and the Team Leader will complete a Health Support Agreement and Safety & Risk Management Plan.
- These forms must be returned to the Centre **before the child can start care**.
- The child's individualised anaphylaxis care plan and Health Support Agreements will be reviewed in consultation with the child's parents/guardians to make sure information is up to date and strategies to reduce risk remain appropriate. They will be reviewed in the following circumstances:
 - Every 12 months
 - When the child transitions into a new room within the Centre
 - when a child's allergies change or after exposure to a known allergen while attending the CEC service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.
- Whenever a child at risk of anaphylaxis is enrolled at the CEC service, or newly diagnosed as being at risk of anaphylaxis, all staff will be told:
 - the child's name and room, and whether they require medication and/or adrenaline injector as part of their ASCIA Action Plan.

What is the difference between an Allergy & Anaphylaxis?

An **allergic reaction** occurs when the immune system reacts to substances in the environment that are harmless to most people; known as 'allergens' and found in foods, insects, pollen, mould, dust mites and some medications. Most allergic reactions are mild and do not involve the airways or circulation.

Anaphylaxis is a potentially life threatening severe allergic reaction and should always be treated as a medical emergency. Not all people with allergies are at risk of anaphylaxis. Anaphylaxis involves the obstruction of oxygen (air) to the airway and lungs and/or the heart, brain and blood vessels.

ASCIA Action Plans

The Australian Society of Clinical Immunology and Allergy (ASCIA) have developed action plans to provide instruction for first aid treatment of anaphylaxis. **ASCIA Action Plans** must be completed by the **treating medical professional**.

There are 2 types of Action Plans for Anaphylaxis and a third Action Plan for Allergic Reactions (these are colour coded):

- **ASCIA general action plan for anaphylaxis (Orange plan)**
 - This general plan does not contain any personal information. It must be stored with the Centre's Emergency Asthma & Anaphylaxis kits as it provides instructions for the general use adrenaline autoinjector (Epipen Jr ®)

- **ASCIA Personal Action Plan for Anaphylaxis (Red plan)**
 - The Red plan is for a person who has been prescribed an adrenaline autoinjector (Eg Epipen Jr®). This plan includes personal information, an area for a photo and a review date.
 - The Red plan may also include a description under the 'action for mild to moderate reaction' section of any other medication prescribed by the treating health professional. Provided that all relevant information (ie, dose, strength, method of administration etc) is included and legible, then this can serve as a medication agreement.
 - A copy of the Red plan must be stored with the child's medication, and another copy in the child's file in the office.
- **ASCIA Action Plan for Allergic Reactions (Green plan)**
 - The Green plan is for a person who has a **medically confirmed allergy** where an adrenaline autoinjector has NOT been prescribed. The green plan includes personal information, an area for a photo and a review date.
 - The Green plan may also include a description under the 'action for mild to moderate reaction' section of any other medication prescribed by the treating health professional. Provided that all relevant information (ie, dose, strength, method of administration etc) is included and legible, then this can serve as a medication agreement.
 - The Green plan also provides guidance on how to manage anaphylaxis if it occurs.
 - A copy of the Green plan must be stored with the child's medication, and another copy in the child's file in the office.

Prescribed adrenaline injectors

- Parents of a child prescribed with an adrenaline injector (Eg Epipen) are required to supply one device to the Centre.
- All medication prescribed by a doctor, medical practitioner or pharmacist must include:
 - child's name
 - name of medication
 - date of dispensing
 - expiry date
 - dosage
 - when the dose should be given
 - any other administration instructions (ie to be taken with food)
- The adrenaline injector will be stored in an individual medication bag for the child, along with the action plan & photograph of the child. This bag will be stored in the child's room, at room temperature (not in the fridge) and away from direct heat and sunlight. It will be out of the reach of children, in a location easily accessible to educators.
- The child's medication bag will be taken on any offsite activities such as local walks, excursions, and visits to the Beyond Space.
- The Centre conducts quarterly First Aid & Medication checks to regularly check that children's prescribed adrenaline injectors have not expired and do not need to be replaced. Educators will inform the parents if the adrenaline injector needs to be replaced (if used or about to expire).

General use adrenaline injectors

- The Centre has 2 x Asthma & Anaphylaxis Emergency kits, located in the hallway first aid cabinet. Each kit include a general use adrenaline injector & orange ASCIA Action plan. One of these kits is always kept at the Centre. The other kit can be used for off-site activities.
- 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.
- The general use adrenaline injector can also be used for a person with no history of anaphylaxis having an anaphylaxis reaction. Follow the orange ASCIA Action plan and call an ambulance.
- The Centre conducts quarterly First Aid & Medication checks to ensure that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.

Staff Training

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. [ASCIA anaphylaxis e-training for CEC](#) will be undertaken at least every two years.
- The Cook(s) and Food Safety Supervisor(s) will undertake the National Allergy Council [All about Allergens for CEC](#) food allergen management training for food service at least every two years.

Planned Emergency Procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
 - 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.
 - Educators will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
 - Educators should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance to a hospital for medical monitoring, as the child needs medical care and observation for at least four hours after being given the adrenaline injector.
- All incidents (including exposure to a known allergen without symptoms developing) will be documented on a [blue Incident, Injury, Trauma and Illness](#) record and the parents will be telephoned. Notifications to the Education Standards Board will be made as required.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the child's Health Support plans (including their ASCIA plan) will be reviewed to determine if the Centre's risk minimisation strategies and emergency response procedures need to be changed/improved.

Risk Minimisation Strategies

Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual children will depend on what the child is allergic to and the developmental stage of the child. The Centre takes a proactive approach to minimising the risk of Anaphylaxis:

- We implement a “No Food from Home” policy to reduce the likelihood of at-risk foods coming into the Centre
- The cook & Food Safety Supervisor undertake relevant food allergen management training, and have robust procedures in place to minimise risk, including menu planning, screening products for known allergens when purchasing, preparing separate meals for children with known allergens, and labelling these meals with the child’s name.
- The Centre has a detailed Food Safety Program which is audited externally every year.
- Photo cards for children with allergies, anaphylaxis and other health needs are displayed in the child’s room and on all food service trolleys so that educators have a quick reference.
- Copies of the child’s health support agreements & dietary plans are located in the child’s room and the kitchen.
- Mealtimes are always supervised and are seen as social learning times.
- Educators talk with children during mealtimes about the importance of only eating food from our own plate, and the reasons why some children may have a different meal or different milk to drink.

Children are encouraged to wash their hands before and after mealtimes to prevent contamination or spread of food residue on shared resources and equipment.

Reporting Procedures

- If a child is exposed to a known allergen, a [blue Major IIT form](#) will be completed. A copy of the completed form will be kept in the child’s file.
- Notify the Responsible Person on Duty immediately. A report will need to be made to the Education Standards Board via IRMS and the NQA ITS, and the parents will need to be informed.

Post-incident procedures

- A replacement adrenaline auto-injector will be purchased/ordered from the local pharmacy as soon as possible (preferably same day if possible).
- 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. Help should be provided to staff and children as needed.
- The child’s individualised anaphylaxis care plan, Health Support Agreement and Safety and Risk Management Plan will be reviewed with parents to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.

6 Related Legislation and Regulations

Education and Care Services National Law 2010

Education and Care Services National Regulations

Reg 77 Health, hygiene and safe food practices
Reg 85, 86 & 87 Incident, Illness, Injury and Trauma policies in place
Reg 90 & 91 Medical conditions policy
Reg 92-95 Administration of Medication
Reg 136 First Aid Qualifications

Reg 162 Health information to be kept in enrolment record

Reg 168 Education and care service must have policies and procedures

7 Definitions of Terms:

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 auto-injector	- (often referred to as EpiPen® and Anapen®) a spring loaded, automatic injector device for emergency treatment of anaphylaxis. The device contains a single, fixed dose of adrenaline designed for use by anyone, including people who are not medically trained.
Adrenaline injector for general use	An adrenaline injector for first aid kits that has not been prescribed for a specific person.
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
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	Australasian Society of Clinical Immunology and Allergy
ASCIA Action Plan	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.
Health Support Agreement	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.
Major IITI form	This is an Incident, Injury, Trauma & Illness form.
Responsible Person on Duty	the person placed in day-to-day charge of an Approved Service in the absence of the nominated supervisor.

8 References:

National Allergy Council, "Best practice guidelines for the prevention and management of anaphylaxis in children's education and care", 2023.

National Allergy Council Sample anaphylaxis management policy CEC October 2022

9 Reviewing Strategy and History:

This policy should be reviewed at least every 3 years to ensure compliance.

Version No.	Reviewed By	Approved By	Approval Date	Review Notes
1	Educators Management Committee	Burcu Subasi Chairperson	26/7/24	New Policy

