



Le Fevre Kindergarten

Anaphylaxis Policy

Anaphylaxis is a severe, 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 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 express the symptoms of anaphylaxis. However with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector often referred to as an EpiPen®.

Purpose

This policy will provide guidelines to:

- Minimise the risk of an anaphylactic reaction occurring while children are at Le Fevre Kindergarten.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an auto adrenaline injection device.
- Raise the centre community's awareness of anaphylaxis and its management through education and policy implementation.
- Comply with the *Education and Care Services National Law Act* and the *Education and Care Services National Regulations*.

Policy statement

Values

Le Fevre Kindergarten believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility.

Le Fevre Kindergarten is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the centre community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Scope

It is a requirement that we have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff as well

as to other relevant members of the service community, such as volunteers and visiting specialists. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training

In any centre that is open to the general community it is not possible to achieve a completely allergen-free environment. Le Fevre Kindergrten recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylaxis reaction.

Procedures

The Director is responsible for:

Ensuring:

- An anaphylaxis management policy which meets legislative requirements and includes a risk minimisation plan and communication plan, is developed and in place, displayed at the centre and reviewed regularly
- Ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service .
- All parents/guardians are aware of this policy and are provided access to the policy upon request.
- Staff meet the approved anaphylaxis management training required by the National Quality Authority
- Staff records include the dates when the staff member completed first aid and anaphylaxis training and CPR and the administration of the auto-injection device training
- A risk management plan is developed for each child at Le Fevre Kindergarten diagnosed at risk, in consultation with that child's parents/guardians.

In centres where there is a child diagnosed at risk of anaphylaxis is enrolled the Director is also responsible for:

- Displaying a sign, prominently, on the medication cupboard outside the kitchen and on the entrance door, stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the centre.
- Including a copy of the completed accredited anaphylaxis management training certificate
- Ensuring there is a staff member who has completed accredited anaphylaxis management training and that practice in the administration of an auto-adrenaline injector device is undertaken at least annually although quarterly is recommended.
- Where possible, (prior to 2012), that all relievers have undertaken relevant anaphylaxis training and when a relieving staff member is not trained in anaphylaxis management, procedures are implemented for informing the staff member who will be responsible for the administration of an adrenaline auto-injection device in an emergency and that all other staff members on duty at the centre are trained in anaphylaxis management.
- That all relieving staff are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the EpiPen®/AnaPen® kit.
- That all staff (including relievers and volunteers) are able to identify all children diagnosed at risk of anaphylaxis; where the adrenaline auto-injection device is located for each of those children; where the anaphylaxis medical management plan for those children is located

- Staff members accompanying any “at risk” children outside the centre carry the fully equipped EpiPen®/AnaPen® kit and a copy of the anaphylaxis medical management plan for those children.
- No child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre or its programs without that device.
- Making parents/guardians aware of this policy, and providing access to it on request.
- Implementing a communication strategy and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
- Displaying an Australasian Society of Clinical Immunology and Allergy (ASCIA) generic poster called *Action plan for Anaphylaxis* in a key location at the centre, for example, in the children’s room, the staff room or near the medication cabinet.

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

- 1 Call an ambulance immediately by dialing 000
- 2 Commence first aid measures
- 3 Contact the parent/guardian
- 4 Contact the person to be notified in the event of illness if the parent/guardian cannot be

contacted

Parents/guardians of children shall:

- inform staff at the Kindergarten, either on enrolment or on diagnosis, of their child’s allergies.
- develop an anaphylaxis risk minimisation plan with Kindergarten staff.
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- provide staff with a complete auto-injection device kit.
- regularly check the adrenaline auto-injection device expiry date.
- assist staff by offering information and answering any questions regarding their child’s allergies.
- notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- comply with the Kindergarten’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Kindergarten or its programs without that device.

References.

Anaphylaxis in education and children's services- Government of South Australia

Anaphylaxis Awareness - The Asthma Foundation of Victoria.