National Allergy Council Sample anaphylaxis policy for children’s education and care (CEC) services

**Background**

* Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
* The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).
* 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 CEC service and parents/guardians is important to help children avoid known allergens. Parents/guardians and CEC staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.
* Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

**Purpose**

* To increase safety and provide a supportive environment where children at risk of anaphylaxis are able to join in CEC service activities.
* To raise awareness about allergy, including anaphylaxis and the CEC service’s approach to anaphylaxis management in the CEC service’s community.
* To work with parents/guardians of children at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the child and help keep them safe.
* To ensure staff know about and understand that allergies can be potentially life-threatening and the CEC service’s guidelines and procedures in recognising and treating anaphylaxis when it happens.

Putting this policy into practise

* Staff will meet to discuss the new or reviewed policy, what it includes and when it will be put in place/start.
* Enough time will be allowed for staff to discuss how the policy will work and to ask questions before the policy is accepted and followed.

Definitions

* *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 injector -* Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (EpiPen® and Anapen®) are automatic injectors.

* *Adrenaline injector for general use* – An adrenaline injector for first aid kits that has not been prescribed for a specific person.
* *Adrenaline injector trainer devices* – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.

# *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 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. There are different types of plans:

# ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.

# ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.

# ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don’t have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.

# ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.

* *Individualised anaphylaxis care plan* - 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. [These care plans may have different names (such as Individual Health Care Plan, Individual Anaphylaxis Management Plan) in different jurisdictions however, the purpose of the plan is the same.]
* *Students at risk of anaphylaxis* - Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

**The law and who is responsible**

* Fear of someone taking legal action should not stop someone using an adrenaline injector. All CEC service staff need to understand that any staff member who provides emergency treatment to children having anaphylaxis, according to information on the ASCIA Action Plan, are doing what they can to save the life of a child.
* The CEC service will make sure personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state. The CEC service needs to get written permission from the parents before the student’s ASCIA Action Plan is displayed in public areas.

## **Knowing which students have allergies**

* Before enrolment, or as soon as an allergy is diagnosed, the CEC service will develop an individualised anaphylaxis care plan for the child.
* The child’s individualised anaphylaxis care plan will be developed in consultation with the student’s parents/guardians and signed by the CEC service and the parent/guardian. The plan will include written permission to display the child’s ASCIA Action Plan on the wall in appropriate places and share the information in the plan with CEC service staff.
* The child’s individualised anaphylaxis care plan will be reviewed annually (at the start of each year) in consultation with the child’s parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.
* The individualised anaphylaxis care plan will also be reviewed 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.
* where the child’s ASCIA Action Plan for Allergic Reactions is located (if the child does not have an adrenaline injector).
* where the child’s adrenaline injector and ASCIA Action Plan for Anaphylaxis are located.
* Staff will help children at risk of anaphylaxis feel safe while they are at the CEC 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.
* New, relief and casual staff will be given information about the child’s allergies during the orientation process before the child is in their care.

## **Adrenaline injectors**

*Prescribed adrenaline injectors*

* Children prescribed with an adrenaline injector will be required to make one device available to the CEC service while in the care of the CEC service. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
* Staff will be informed of the location/s of the prescribed adrenaline injectors.
* The child’s adrenaline injector (and any other medication) must be labelled with the name of the child and placed in a location easily available to staff (not locked away), but not to children when the child with the allergy is in the care of the CEC service. The adrenaline injector will be stored at room temperature (not in the fridge) and away from direct heat and sunlight.
* A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities.
* A process will be in place to regularly check (quarterly) that children’s prescribed adrenaline injectors have not expired and do not need to be replaced. CEC service staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

*General use adrenaline injectors*

* The CEC service will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s. A risk assessment will be undertaken to determine how many general use devices are required by the CEC service and where the general use device/s will be located, including whether they will be taken on off-site activities.
* The general used 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.
* A process will be in place to regularly check (quarterly) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
* A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the CEC service. If CEC service staff think a child/staff member/visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

## **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](https://etraining.allergy.org.au) will be undertaken at least every two years.
* All staff will also undertake [ASCIA anaphylaxis refresher e-training](https://etraining.allergy.org.au/course/index.php?categoryid=3) twice yearly. The CEC service will have adrenaline injector trainer devices available to allow staff to have hands-on practise with the devices during training and refresher training.
* Staff involved in the preparing, serving and supervising of meals will undertake the National Allergy Council [All about Allergens for CEC](http://www.foodallergytraining.org.au) food allergen management training for food service at least every two years.
* A staff training register will be kept.

## **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.
	+ The CEC service will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
	+ Staff 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 (where possible) for medical monitoring (a hospital where possible), as the child needs medical care and observation for at least four hours after being given the adrenaline injector.
* 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 individualised anaphylaxis care plan will be reviewed to determine if the CEC service’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.
* Wherever possible, the CEC service will reduce exposure to known allergens.
* The following risk minimisation strategies will be implemented:

[insert risk minimisation strategies based on what allergies the CEC service needs to manage. These can be selected from the [Examples of anaphylaxis risk minimisation strategies for CEC](https://allergyaware.org.au/schools) document.]

## **Peer education**

* 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 an allergic reaction.
* Considering each child’s development, staff will talk about strategies to help keep children with food allergy safe, such as children not sharing food, drinking from their own water bottle and washing their hands after they have eaten something another child is allergic to.
* Staff will include information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. [Curriculum resources](https://allergyfacts.org.au/allergy-management/schooling-childcare/school-resources) are available.

**Reporting procedures**

* If a child is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the child’s file. The Supervising officer/Manager will inform staff about the incident. Any other state or national reporting requirements will be undertaken.
* If a child has had an allergic reaction to a packaged food or to a meal provided by the CEC service, this will be [reported to the local food authority](https://allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction) for investigation. If the reaction is to a food sent from home, it is the parent’s responsibility to report the reaction.
* 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 will be reviewed 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.

**Policy review**

This policy was created on: [date]

This policy will be reviewed on: [date]

Supervising officer/Manager’s name:

Supervising officer/Manager’s signature Date: