

# The Kinder Garden



## Anaphylaxis Policy

### Aim

It is the aim of this policy to ensure that The Kinder Garden effectively cares for, manages and supports children with anaphylaxis, minimises the risk of an anaphylactic emergency occurring whilst the child/ren are in attendance; and that staff members are aware of how to care for children who have anaphylaxis within the service.

### Legislative Requirements

Education and Care Services National Regulation 2011  
Education and Care Services National Law Act 2010  
National Quality Standards 2011

### Who is affected by this policy?

Children  
Families  
Educators  
Management

### Implementation

This policy should be read in conjunction with The Kinder Garden Medical Conditions Policy; Action Plan for Anaphylaxis – Anapen; Action Plan for Anaphylaxis – EpiPen; Administration of First Aid Policy; Anaphylaxis Guidelines for Early Childhood Education and Care Services; and Medical Conditions Policy.

The Approved Provider/Nominated Supervisor will:

- Identify children with anaphylaxis during the enrolment process
- Provide families with a copy of the anaphylaxis policy upon enrolment
- Provide staff with a copy of the anaphylaxis policy
- Ensure all educators/staff are informed of the child/ren with anaphylaxis in their care
- Ensure families provide a copy of the Anaphylaxis Management Plan prepared specifically for that child by their physician to the service upon enrolment
- Ensure that a risk minimisation plan is developed in consultation with the child's parents/guardians for each enrolled child diagnosed with anaphylaxis
- Ensure that a communication plan is developed for staff and parents/guardians to encourage ongoing communication between parents/guardians and staff regarding the management of the child's anaphylaxis.
- Ensure that at all times the children are being educated and cared for by the service, at least one educator/staff member who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training is in attendance.

Educators/Staff will:

- Ensure that they are aware of children in their care with anaphylaxis
- In consultation with the family, optimise the health and safety of each child through supervised management of the child's anaphylaxis
- Ensure to only administer prescribed medication marked clearly with the child's name
- Ensure that any prescribed anaphylaxis medication is administered in accordance with the child's Anaphylaxis Management Plan
- Promptly communicate, to management and families, if they are concerned about a child's anaphylaxis limiting his/her ability to participate fully in all activities.

Families will:

- Inform educators/staff, either upon enrolment or on initial diagnosis, that their child has anaphylaxis.
- Provide all relevant information regarding the child's anaphylaxis via the Anaphylaxis Management Plan prepared specifically for that child by their physician.
- Notify the Educators/Staff, in writing, of any changes to the Anaphylaxis Management Plan.
- Ensure that their child has adequate supply of appropriate equipment/medication/treatment clearly labelled with the child's name including relevant expiry dates.
- Communicate all relevant information and concerns to educators/staff as the need arises.
- NOT leave medications in your child's bag or locker. Give it directly to an educator/staff member on arrival and collect on departure.

## Resources

The ASCIA Action Plan for Anaphylaxis will be displayed in all areas at the service that are accessible to children, including outdoor areas.

## Background Information about Anaphylaxis

Anaphylaxis is a severe allergic reaction with symptoms such as shortness of breath, wheezing, swelling of the tongue, swelling or tightness in the throat, rash, and loss of consciousness. It is a life-threatening condition that requires emergency treatment. Common substances which can cause severe allergic reaction include bee stings, insect bites, nuts, eggs, fish, drugs etc. The Kinder Garden aims to minimise substances that have the potential to cause a severe allergic reaction to the children who attend the education and care service.

Anaphylaxis occurs infrequently. However, it is life-threatening and can occur at any time. Milder forms of anaphylaxis occur much more frequently than fatal anaphylaxis. Anaphylaxis occurs in all age groups. While prior exposure to allergens is essential for the development of true anaphylaxis, severe allergic reactions occur even when no documented prior exposure exists.

Severe allergic reactions are usually triggered by a limited number of allergic exposures. These include injection, swallowing, inhaling or skin contact with an allergen by a severely allergic individual.

Examples of injected allergens are bee, hornet, wasp and yellow jacket stings; certain vaccines that have been prepared on an egg medium; and allergen extracts used for diagnosis and treatment of allergic conditions. Antibiotics such as penicillin can trigger a reaction by injection or swallowing.

Typically, a severe reaction caused by a food allergy occurs after eating that particular food, even a small bite. Allergy to nuts is an example. Skin contact with the food rarely causes anaphylaxis. Foods most commonly associated with anaphylaxis are nuts, seafood, and, in children particularly, eggs and cow's milk.

## Signs and Symptoms:

**The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis. Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the lungs and/or heart/vessel system.**

## Immediate management:

Anaphylaxis is an emergency condition requiring immediate professional medical attention. Adrenaline is a drug that should be given by injection without delay. Adrenaline comes in multiple formats, including an EpiPen® and AnaPen® that might be carried by individuals. Educators/Staff should be trained in the administration of an EpiPen®/AnaPen®. CPR (cardio pulmonary resuscitation) should be initiated if needed. Antihistamines may be given to further reduce symptoms (after lifesaving measures and adrenaline are administered).

## Steps in the prevention of severe allergic reactions:

- **Obtain medical information** at the time of enrolment of the child on any identified allergies. Ask the parent/guardian for supporting documentation and action plan. The action plan should include:
  - Clear identification of the child (photo).
  - Documentation of the allergic triggers.
  - Documentation of the first aid response including any prescribed medication.
  - Identification and contact details of the doctor who has signed the action plan.

- **Education of early childhood staff** to recognise the risk and understanding the steps that can be taken to minimise food anaphylaxis by all those responsible for the care of the child. Instruction on EpiPen®/AnaPen® use should also be included in the training provided by appropriately qualified professionals.
- The Approved Provider must ensure that the following persons are in attendance at any place where children are being educated and cared for by the Service, and immediately available in an emergency. At all times that children are being educated and cared for by the Service: at least one Educator/Staff member who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training.

### **Risk Minimisation**

The potential for an anaphylactic reaction to occur can be reduced by risk minimisation strategies but it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. **Any anaphylactic reaction always requires an emergency response.**

- **Practical strategies to avoid exposure to known triggers.** Avoidance of specific triggers is the basis of anaphylaxis prevention. It is not recommended that children with a food allergy be physically isolated from other children. At the Education and Care Service, children are dependent on Educators and staff to provide a safe environment.
  - There should be no trading and sharing of food, food utensils and food containers.
  - It is ideal that children with severe food allergies should only eat lunches and snacks that have been prepared at home.
  - Bottles, other drinks and lunch boxes provided by the parent/guardians for their children should be clearly labelled with the name of the child for whom they are intended.
  - The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
  - Food preparation staff should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
  - Parent/guardians will be asked not to send food containing highly allergenic foods such as egg and nut products to the Service.
  - In some circumstances it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served.
  - The meal prepared for all children should not contain ingredients such as milk, egg and nut products to which the child is at risk.
  - Food removal from the Education and Care Service should only occur following recommendation by a relevant medical specialist, and provision of documentation of this recommendation.

**The Approved Provider/Nominated Supervisor will ensure that this policy is maintained and implemented at all times.**

## **Sources**

**Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au) Retrieved 6<sup>th</sup> March 2017**

**Anaphylaxis Guidelines for Early Childhood Education and Care Services**

**Australasian Society of Clinical Immunology and Allergy (ASCIA) website [www.allergy.org.au](http://www.allergy.org.au) Retrieved 6<sup>th</sup> March 2017**

**ASCIA Action Plan for Anaphylaxis (poster)**

**[http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_EpiPen\\_General\\_2015.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Anaphylaxis_EpiPen_General_2015.pdf) Retrieved 6<sup>th</sup> March 2017**

**ASCIA Action Plan for Anaphylaxis (Anapen)**

**[http://nsw.childcarealliance.org.au/images/Policytemplates/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Anapen\\_Personal\\_2015.pdf](http://nsw.childcarealliance.org.au/images/Policytemplates/ASCIA_Action_Plan_Anaphylaxis_Anapen_Personal_2015.pdf) Retrieved 6<sup>th</sup> March 2017**

ASCIA Action Plan for Anaphylaxis (EpiPen)

[http://nsw.childcarealliance.org.au/images/Policytemplates/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_EpiPen\\_Personal\\_2015.pdf](http://nsw.childcarealliance.org.au/images/Policytemplates/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Personal_2015.pdf) Retrieved 6<sup>th</sup> March 2017

Education and Care Services National Regulation 2011

Education and Care Services National Law Act 2010

Guide to the National Quality Standard 2011

Nutrition Australia [www.nutritionaustralia.org](http://www.nutritionaustralia.org) Retrieved 6<sup>th</sup> March 2017

NSW Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au) Retrieved 6<sup>th</sup> March 2017

## Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

**Reviewed:** March 2018

**Date for next review:** March 2019