

Introduction

For children with a known allergy, the key to preventing a potentially serious reaction is avoiding exposure to the relevant allergen. All allergies are potentially serious, and the greatest risk is through accidental exposure.

This quick reference guide:

- Reflects guidelines of the *Australian Society of Clinical Immunology and Allergy*.
- Must be read in conjunction with *Procedure Medical conditions*, *Procedure Administration of medication* and *Procedure Nutrition and food safety*.

Anaphylaxis emergency first aid steps

- Immediately telephone '000' – Request an ambulance and follow the instructions of operator. If child has been previously diagnosed, refer to child's medical management plan.
- Lay child flat. If breathing is difficult, allow to sit. Do not allow them to stand or walk.
- Upon the instruction of the '000' operator, administer Adrenaline (EpiPen). When parent / guardian written authorisation has not been provided to administer Adrenaline (EpiPen), advise the '000' operator and follow their instructions.
- Contact parent / guardian.
- Upon the instruction of the '000' operator, further Adrenaline (EpiPen) doses may be given if there is no response after 5 minutes.
- Commence CPR at any time if child is unresponsive and not breathing normally.

Definitions

<p>Anaphylaxis Severe allergic reaction</p>	<p>Anaphylaxis is a severe allergic reaction with life threatening symptoms.</p> <p>Signs</p> <ul style="list-style-type: none"> • Difficult / noisy breathing • Swelling of tongue • Swelling / tightness in throat • Difficulty talking and/or hoarse voice • Wheeze or persistent cough • Persistent dizziness and/or collapse • Pale and floppy (in young children) <p>Treatment</p> <ul style="list-style-type: none"> • Adrenaline (Epi-pen) <p>Adrenaline is the first line treatment for anaphylaxis. Antihistamines may be prescribed to treat mild to moderate allergies but will not prevent or stop anaphylaxis.</p> <p>Anaphylaxis is potentially life threatening and must be treated as a medical emergency.</p>
<p>Allergy Mild and moderate allergic reaction</p>	<p>An allergy is an overreaction of the immune system to a protein. Reactions can vary from mild to severe.</p> <p>Signs</p> <ul style="list-style-type: none"> • Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain and vomiting <p>Possible treatment</p> <ul style="list-style-type: none"> • Antihistamines

	Please note: For the purposes of this QRG, an allergy is a medical condition that has been formally diagnosed by a GP / specialist. An allergy not diagnosed by a GP / specialist, is considered an intolerance.
Intolerance	An intolerance does not involve the immune system. People with a food intolerance need to be careful but can generally tolerate a small amount of food before they have an adverse reaction. Reactions may be similar to an allergy but will not result in anaphylaxis.

Responsibilities at enrolment or immediately after diagnosis

Parent / guardian

- Immediately notify centre of their child's medical condition and health needs.
- Understand they have primary responsibility for their child's health needs. This includes costs associated with their child's health needs whilst attending the centre.
- Formally meet with the centre Director to:
 - Share and discuss information about their child's medical condition and health needs.
 - Provide a current medical management plan informed and authorised (signed and dated) by doctor / specialist ([Anaphylaxis](#) or [Allergic Reactions](#)). A medical management plan is not required for an intolerance or for an allergy that would not pose a risk when the child is at the centre, e.g. penicillin.
 - Complete C&K forms as requested.
- Supply medication as per medical management plan. Please note:
 - Child is unable to attend the centre if medication is not supplied.
 - Medication supplied must be prescribed by a GP or specialist.

Director

Facilitate a formal meeting with parents / guardians to:

- Discuss child health needs. At initial meeting (prior to the child attending the centre or at diagnosis) identify possible allergens specific to the centre and devise risk minimization strategies together.
- Review child's current medical management plan. A medical management plan is not required for an intolerance.
- Outline and provide a copy of *Procedure Medical conditions* and this QRG.
- Complete:
 - *Form Medical Condition Risk minimising plan- Anaphylaxis*
 - *Form Consent to display medical management plan and photo*
 - *Form Medication Authorisation Record* (if applicable)

Implement a communication plan

- Ensure all staff (including casuals), students and volunteers are advised of the child's health needs, including:
 - Medical management plan.
 - Risk minimising strategies (as per risk assessment),
 - If applicable, location of medication.
- Communication must be documented e.g. induction processes, team communication book, team memo or team meeting minutes.

- **Anaphylaxis only:**
 - Sensitively share relevant information with other children and families. This must be done in consultation with / written approval of the child's parents / guardians. Refer to Appendix One of this QRG.
 - Display *Form Child with anaphylaxis enrolled at the centre* outlining the known allergen/s.
 - Complete the *C&K Intranet Wellbeing and Inclusion Information Form*.

All educators

- When appropriate, incorporate appropriate concepts within the curriculum. For example, the importance of not sharing food and washing hands before and after meal times.
- Store Adrenaline (EpiPen):
 - Out of direct sunlight or heat.
 - Not in the refrigerator.
 - At room temperature, between 15-25°. Store in an insulated lunch box / wallet.
 - In a location that is inaccessible to children, but easily accessible and known to staff (i.e. clearly signed and not locked).
 - With a copy of child's medical management plan.
- Maintain approved current first aid qualifications, including annual anaphylaxis emergency training.

Do not claim to be a 'nut free centre'. Why? Your centre can implement strategies to minimise the possibility of nuts and nut related products entering your centre but cannot guarantee these products will never enter your centre.

Responsibilities throughout enrolment

Parent / guardian

- Formally meet with the centre Director biannually or immediately after any medical need change.
- Provide an updated medical management plan every 18 months or if child's health needs change. Changes made must be authorised (signed and dated) by a doctor / specialist. A medical management plan is not required for an intolerance.
- Continue to supply medication as per medical management plan.
- If applicable, complete a *Form Medication Authorisation Record* when required.
- Ensure child's emergency contact details remain current.
- Understand their child will not be able to attend a centre if:
 - A current medical management plan approved by doctor (signed and dated) has not been provided. A medical management plan is not required for an intolerance.
 - Medication (as per medical management plan) have not been provided or has expired.

Director to implement communication plan

- Facilitate a formal meeting with parents / guardians biannually or immediately after any change to the child's medical needs to:
 - Discuss and review the child's medical needs.
 - Replace child's photograph.
 - Revise risk assessment.

- Ensure ALL staff (including casuals), students and volunteers are advised of child's revised health needs.
- Communication must be documented (e.g. induction processes, team communication book, team memo or team meeting minutes).
- Consult with the child's parent / guardian prior to excursions and special events to ensure all matters of care are considered and planned for. Additional risk minimising strategies (via risk assessment) may be needed.
- When the child moves to another group within the centre, ensure educators inform new educators of child's health needs. The centre Director will plan educator training (as required) or staffing to support the child, display medical management plan and risk assessment, and implement risk minimising strategies as detailed in risk assessment.

Anaphylaxis emergency aid for undiagnosed children

- An EpiPen is kept in case of children (undiagnosed) who experience anaphylaxis for the first time whilst attending a centre.
- Always treat anaphylaxis signs and symptoms as a medical emergency. Immediately call '000' and seek guidance on EpiPen administration.
- Refer to written parent / guardian authorisation register to administer an EpiPen.
- In an anaphylaxis emergency, an EpiPen can be administered without the written authorisation (i.e. medication label) of a registered medical practitioner.
- If unhappy with or unsure of the direction provided by the '000' operator, ask to speak to a Clinical Dispatch Supervisor to obtain medical advice.

Information and resources

- *Allergy and Anaphylaxis Australia* - <https://allergyfacts.org.au/>
- *Australian Society of Clinical Immunology and Allergy* - <https://www.allergy.org.au/>
- *The Royal Children's Hospital Melbourne* - [http://www.rch.org.au/kidsinfo/fact_sheets/Allergic and anaphylactic reactions/](http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/)
 - A [Food allergen portal](#) has been created to link centres to best practice food allergen resources, training opportunities and key messages.

Acknowledgements and references

- Journal of Paediatrics and Child Health. 2015. *ASCIA guidelines for presentation of anaphylaxis in schools, preschool and childcare 2015 update*. Position paper.