

# Quick Reference Guide SO:03.09.02 Anaphylaxis



## Policy – Workplace Health and Safety

Area – Service Operations

### Document Control

Responsible Officer: General Manager Children's Services	Quick Reference Guide Number: SO:01.09.02
Contact Officer: Children's Services Manager	Policy Area: Service Operations
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### Scope

This quick reference guide provides a framework to guide all actions for the C&K Board, C&K staff, C&K Central, C&K branch services, C&K affiliate services\*, children, parents, volunteers, contractors and visitors.

This quick reference guide excludes associate members.

\*The administration of medication of Adrenaline (EpiPen) to children who are undiagnosed and experiencing anaphylaxis for the first time is optional for affiliate services. The Volunteer Management Committee may wish to seek their own legal or insurance advice and must ratify section 4 of *Procedure – Administration of medication* before educators can implement.

### Introduction

This quick reference guide provides educators with direction to respond appropriately to an anaphylaxis emergency and provide support and care for children who has been diagnosed with anaphylaxis.

This Quick Reference Guide reflects guidelines and recommendations of the *Australian Society of Clinical Immunology and Allergy (2015)* for early childhood education and care services.

This quick reference guide must be read in conjunction with *SO: 03.09 Procedure Medical conditions*, *SO: 01.08 Procedure Administration of medication* and *SO: 01.20 Procedure Nutrition and food safety*.

### Procedure

#### 1.0 Background

- Anaphylaxis is potentially **life threatening** and must be treated as a medical emergency.
- Anaphylaxis occurs after exposure to an allergen (e.g. foods, insects or medicines). Not all people with allergies are at risk of anaphylaxis.
- Symptoms of anaphylaxis may include the following:
  - 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)
- In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as swelling of face, lips and / or eyes, hives or welts, abdominal pain and vomiting.
- Medication:
  - Antihistamines may be prescribed to treat mild and moderate allergic reactions; however, adrenaline is the first line treatment for anaphylaxis.

# Quick Reference Guide SO:03.09.02

## Anaphylaxis



### Policy – Workplace Health and Safety

#### Area – Service Operations

- Antihistamines will not prevent or stop an anaphylaxis.
- Adrenaline works rapidly to reverse the effects of anaphylaxis.
- Adrenaline auto-injectors are only prescribed as part of a comprehensive medical management plan.

### **2.0 Responsibilities - When a child has been diagnosed with Anaphylaxis**

#### **2.1 Parents / guardians**

- Implement *SO: 03.09 Procedure Medical conditions* and *SO: 01.08 Procedure Administration of medication*.
- Provide an updated medical management plan every 12 to 18 months or if the child's medical needs change. Changes made to a medical management plan must be authorised (signed and dated) by a doctor / specialist.
- Replace child's photograph with a current image whenever the medical management plan is revised / updated.
- Formally meet with the service Director (or approved service delegate) biannually or immediately after the child's medical needs change to:
  - Discuss and revise the child's medical needs including any changes to the medical management plan.
  - Revise relevant risk management plan.
- Maintain supplies of relevant equipment and current medication consistent with medical management. Medication supplied (e.g. EpiPen) must be current.
- Support the service to consistently implement risk minimising strategies.

#### **2.2 Educators / service**

- Implement *SO: 03.09 Procedure Medical conditions* and *SO: 01.08 Procedure Administration of medication*.
- Provide a copy of the *SO: 03.09 Procedure Medical conditions* and this quick reference guide to the parent / guardian upon enrolment or immediately after diagnosis.
- Store Adrenaline (EpiPen):
  - Out of direct sunlight or heat.
  - Not in the refrigerator.
  - At room temperature, between 15-25°. If room temperature fluctuates above 25° or below 15°, Adrenaline (EpiPen) must be stored in an insulated lunch box / wallet.
  - In a location that is inaccessible to children, but easily accessible and known to staff. Storage location must be clearly signed and not locked.
  - With a copy of child's medical management plan.
- Ensure all children with prescribed EpiPens have a completed long term medication authority form.
- Display [anaphylaxis emergency first aid information](#).
- Display prominently a sign which states a 'child at risk of anaphylaxis is enrolled at this service' outlining the known allergen /s. Examples of displays can be found on the [C&K NQF intranet page](#) or Appendix 3 of this quick reference guide.
- All educators are required to hold approved current first aid qualifications, including the emergency management of anaphylaxis. Emergency management of anaphylaxis training is completed annually. When there are number of children with anaphylaxis enrolled, the service Director must discuss and implement a training plan with the Wellbeing and Inclusion Advisor. It may be determined that additional periodic specialist training may be required.
- Ensure all staff (including casuals) students and volunteers are aware of the identities of children with anaphylaxis, medical management plans, risk minimising strategies and

# Quick Reference Guide SO:03.09.02

## Anaphylaxis



### Policy – Workplace Health and Safety

#### Area – Service Operations

location of medication. This information must be included in the induction of new staff (including casuals), students and volunteers.

#### **Do not:**

- **Claim to be a 'nut free service'.** Although well intended, no service can state they are 'nut free' as they cannot guarantee no nut or nut related product will ever enter a service. However, services are required to implement strategies to minimise the possibility of nuts and nut related products entering the service.

### **3.0 Risk minimising strategies**

- A service will carefully consider and document risk minimising strategies which are reflective of children's allergies and medical needs.
- A thorough risk management plan (SO: 01. F3 Form Risk assessment) must be developed and reviewed at least biannually for **each child** diagnosed with anaphylaxis.
- Whenever possible, risk management plans must be developed and reviewed in consultation with the child's parent / guardian.
- Via the child's risk management plan\* (SO:01. F3 Form Risk assessment) document and implement the risk minimising strategies. **Please refer to Appendix 4 for risk minimising examples.**

### **4.0 Communication plan**

- Effective communication is essential to minimise the ensure exposure to known allergens. Services are required to implement the following communication at and throughout a child enrolment.
- In consultation with child's parent / guardian inform all families (upon enrolment or immediately after a child's diagnosis) a child with anaphylaxis is enrolled at the service:
  - Display prominently a sign which states a 'child at risk of anaphylaxis is enrolled at this service' outlining the known allergen /s. Examples of displays can be found on the [C&K NQF intranet page](#) or appendix 3 of this quick reference guide.
  - Provide families with information regarding anaphylaxis and risk minimising strategies. Please refer to communication examples provided in the appendix of this quick reference guide and parent facts sheets on the [Australian Society of Clinical Immunology and Allergy \(ASCI\) website](#). Note: Parent facts sheets are available in a number of languages.
- Display child's medical management plan (with child's current photo) and risk management plan in a prominent location.
- Implement age appropriate education of children with severe allergies and their peers.
- To refresh understanding, educators are encouraged or directed when appropriate by service Director, Children's Services Manager or Volunteer Management Committee to complete the free eLearning training developed by [ASCI](#).
- The service Director is required to meet formally with parents / guardians at least biannually (or when child's medical needs change) to discuss and review medical management and risk management plans.
  - All medical management plan changes must be dated and authorised by a doctor or specialist.
  - The child's photo must be updated whenever a medical management plan is updated.
  - All changes are required to be communicated to staff and induction information (for new staff, casuals, students and volunteers) is amended accordingly.

# Quick Reference Guide SO:03.09.02

## Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

### 5.0 Anaphylaxis emergency first aid for undiagnosed children

- From 1 July 2017, Adrenaline (an EpiPen) is kept in case of children (undiagnosed) who experience an anaphylaxis for the first time whilst attending a service.
- Undertake and document a *SO:01. F3 Form Risk assessment\** to ensure all known hazards related to anaphylaxis emergency first aid for undiagnosed children are identified, considered and controlled.
- Always treat anaphylaxis signs and symptoms as a medical emergency. Immediately call Triple 0 and seek guidance on administering Adrenaline (an EpiPen).
- Refer to written parent / guardian authorisation register to administer Adrenaline (EpiPen).
- In the event of anaphylaxis emergency, Adrenaline (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 Triple 0 operator, ask to speak to a Clinical Dispatch Supervisor to obtain medical advice.
- If required, implement [SO01.40 Procedure Medical emergency](#) to support and communicate with children, families and team members after a medical emergency.

### Anaphylaxis emergency first aid steps

1. Immediately telephone triple 0 – Request an ambulance and follow the instructions of Triple 0 operator. If child has been previously diagnosed, refer to child's medical management plan.
2. Lay child flat. If breathing is difficult, allow to sit. Do not allow them to stand or walk.
3. Administer Adrenaline (EpiPen). When parent / guardian written authorisation has not been provided to administer Adrenaline (EpiPen), advise the Triple 0 operator and follow their instructions.
4. Contact parent / guardian.
5. Further Adrenaline (EpiPen) doses may be given if there is no response after 5 minutes.
6. Commence CPR at any time if child is unresponsive and not breathing normally.

### 6.0 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/)
- *Raising Children Network* – <http://raisingchildren.net.au/articles/%20/articles/allergies.html>

\*please refer to the [C&K Risk Assessment Intranet Library](#) for samples which can be adapted.

# Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

## Links to associated documents

SO:01.08	<i>Procedure - Administration of medication</i>
SO:03.09.F1	<i>Form - Consent to display medical management plan and photo</i>
SO: 01.20	<i>Procedure - Nutrition and food safety</i>
SO: 01.09	<i>Procedure - Medical conditions</i>
SO: 01.F3	<i>Form - Risk assessment</i>
SO:01.40	<i>Procedure - Medical emergency</i>

## Acknowledgements and references

- National Health and Medical Research Council. 2012. *Staying healthy: preventing infectious diseases in early childhood education and care services. 5th edition.* [ONLINE] Available at: [http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_childcare\\_5th\\_edition\\_0.pdf](http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf). [Accessed 04 November 2015].
- Journal of Pediatrics and Child Health. 2015. *ASCIA guidelines for presentation of anaphylaxis in schools, pre0school and childcare 2015 update.* Position paper.

## Revision Record

Version	Approval Date	Authorised by	Effective Date	Review cycle	Next review date
1.0	8 Jun 2012	S Bowles	1 Jul 2013	2 years	July 2015
2.0	29 Apr 2013	M Comerford	22 May 2013	2 years	May 2015
3.0	20 Nov 2015	K Woods	25 Nov 2015	2 years	Nov 2017
4.0	6 Jun 2016	K Woods	7 Jun 2016	2 years	Jun 2018
5.0	2 Jun 2017	K Woods	2 Jun 2016	2 years	Jun 2019

# Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

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## Appendix one - Communication example

To parents / guardians

**A child attending our service has anaphylaxis due to XXXXXX.**

Anaphylaxis is potentially life threatening and we are seeking your support to minimise potential risks to the child when attending our service.

We encourage parents / guardians to make food choices for their children that exclude food that contain XXX or XXX related products. If you do choose to pack these foods or if you are unsure of the ingredients of the food provided, please immediately inform an educator so they can implement appropriate risk minimisation strategies.

Please also ensure you and your child wash hands upon arrival. Washing hands thoroughly will minimise traces of the allergen being unintentionally brought into the service.

You may have been in other services that state they are a "XXX free service". Realistically however we cannot say that no XXX or XXX related product will ever enter our service. However, we do work very hard to minimise the possibility of XXX and XXX related products entering our service. We seek your support and assistance with this.

If you have any questions about the above information, please do not hesitate to contact the service on XXXX or ask an educator.

We appreciate your understanding in this matter and thank you in advance for your cooperation.

Kind regards

xxxxxx  
Director

# Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

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## Appendix two - Communication example

Dear parents / guardians

**A child attending our service has anaphylaxis due to XXXXXX.**

Anaphylaxis is potentially life threatening and we are seeking your support to minimise potential risks to the child when attending our service.

To minimise the risk of anaphylaxis, we implement a range of strategies including asking you to wash your and child's hands immediately upon arrival. Washing hands thoroughly will minimise traces of the allergen being unintentionally brought into the service.

Educators will be vigilant in minimising the risk for this child; however, we cannot eliminate it entirely. We encourage parents / guardians to make food choices for their children that exclude food that contain XXX or XXX related products. If you do choose to pack these foods or if you are unsure of the ingredients of the food provided, please immediately inform an educator so they can implement appropriate risk minimisation strategies.

Children are asked not to share their food with their friends, however celebrating birthdays is an exception when children may like to bring a treat from home to share. Perhaps you may like to consider a water ice block as a low allergen option.

We appreciate your co-operation and understanding regarding this matter. If you have any concerns or questions, please do not hesitate to ask.

Kind regards

XXXXX

Director

## Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

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### Appendix three - Communication example (display)

## IMPORTANT NOTICE

### **A child who has been diagnosed as at risk of anaphylaxis is enrolled at this service.**

Anaphylaxis is a life threatening condition which affects breathing.

We kindly ask all families and visitors to consider this when preparing food.

We encourage parents / guardians to make food choices for their children that exclude food that contain **XXX** or **XXX** related products. If you do choose to pack these foods or if you are unsure of the ingredients of the food provided, please immediately inform an educator so they can implement appropriate risk minimisation strategies.

Please also ensure you and your child wash hands upon arrival. Washing hands thoroughly will minimise traces of the allergen being unintentionally brought into the service.

Thank you for your understanding and support regarding this matter. If you have any questions, please speak to an educator.



# Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

## Appendix Four – Some examples of Risk Minimising Strategies

<p><b>Meal times</b></p>	<ul style="list-style-type: none"> <li>• Parent / guardian to provide child’s daily food in sealed and well labelled containers.</li> <li>• If service utensils, plates and bowls are used – clearly labelling these with child’s name.</li> <li>• Ensure foods provided for the child is stored separately from other foods.</li> <li>• An educator to sit with the child at all meals to minimise cross contamination and prevent children sharing food.</li> <li>• Child with allergy should not share food provided by other children / families.</li> <li>• Educate all children about the potentially serious nature of allergy and the importance of hand-washing after eating and not sharing foods.</li> <li>• Staff / educators that cook / prepare children’s meals as part of regular service provision must undertake appropriate training facilitated from an approved training authority regarding providing meals for children with food allergies and implementing risk minimising strategies to prevent cross contamination of allergens during meal preparation.</li> <li>• All staff (including causals), students and volunteers are familiar with the safe food handling practices as detailed in SO: 01.20 Procedure Food and beverage (i.e. wearing gloves and hand washing) to avoid cross contamination of allergens during meal times.</li> <li>• Request the assistance of all families (via communication) to minimise the risk of exposure to allergens. Please refer to communication examples provided in the appendix of this quick reference guide.</li> </ul>
<p><b>Special events, celebrations &amp; fundraisers</b></p>	<ul style="list-style-type: none"> <li>• Two (2) educators to review, sight and check ingredients supplied for cooking and food supplied.</li> <li>• Discuss and plan these activities with child’s parent / guardian at enrolment and prior to all events.</li> <li>• Provide information to all families prior to an event, discouraging specific food products which are known allergies.</li> <li>• Where food is sold for fundraising, a list of ingredients should be available for each food.</li> <li>• The child should not eat food provided by other children / families. Parent / guardian to supply a ‘treat box’ (e.g. safe cupcakes) which can be stored in freezer, in a labelled sealed container.</li> </ul>
<p><b>Curriculum</b></p>	<ul style="list-style-type: none"> <li>• Ensure containers used by children within the program do not contain allergens (e.g. egg white or yolk in egg cartons).</li> <li>• When planning face painting or mask making discuss the activity with the parent / guardian, as products used may contain food allergens such as peanut, tree nut, milk or egg.</li> <li>• Care should to be taken when providing play dough and other similar mediums. Ensure nut oils are not included as an ingredient. Discuss options with parent / guardian if the allergen is wheat.</li> <li>• Inform parent / guardian of the sunscreen product used at the service as some products contain nut oils.</li> <li>• Peanuts and tree nuts should be excluded from future playground plantings. The presence and removal of existing nut trees may be considered as part of a risk assessment.</li> <li>• Be aware that some animal feed may contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).</li> </ul>

## Quick Reference Guide SO:03.09.02 Anaphylaxis



Policy – Workplace Health and Safety

Area – Service Operations

	<ul style="list-style-type: none"> <li>• If chickens are included in the learning program and a child has an egg allergy, implement strategies to minimise the child's exposure to eggs.</li> <li>• To minimise cross contamination, a child with a food allergy will be allocated their own wind instrument.</li> </ul>
<b>Excursions</b>	<ul style="list-style-type: none"> <li>• Via a risk management plan within excursion proposal consider carefully children's allergies.</li> <li>• Carry a mobile phone. Prior to event, check mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).</li> <li>• Consider adding a reminder to families regarding children's allergies on all excursion communication.</li> <li>• Discourage eating on buses / trains.</li> <li>• Ensure all staff and volunteers attending the excursion know who is responsible for the emergency medical / first aid kit and the location of medication.</li> <li>• Take a copy of medical management plan on the excursion.</li> </ul>
<b>Bee, wasp and ant sting allergies</b>	<ul style="list-style-type: none"> <li>• Immediately remove (by a professional) honey bee and wasp nests.</li> <li>• Cover garbage receptacles that may attract stinging insects.</li> <li>• Be aware of bees in pools, around water and in grassed or garden areas.</li> </ul>
<b>Tick allergies</b>	<ul style="list-style-type: none"> <li>• Wear long sleeved shirts and long pants.</li> <li>• Tuck pants into long socks</li> <li>• Wear a wide brimmed hat</li> <li>• Wear light coloured clothing (makes it easier to see ticks)</li> <li>• Use insect repellent</li> <li>• Brush clothing to remove ticks before coming inside.</li> <li>• Undress and check for ticks daily, checking carefully on the neck and scalp.</li> </ul>
<b>Latex allergies</b>	<ul style="list-style-type: none"> <li>• Purchase and stock non-latex gloves.</li> <li>• Use non-latex balloons.</li> </ul>