



Allergy and Anaphylaxis Policy

Mandatory – Quality Area 2

Hampton Park Care Group Incorporated (HPCH), acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) and ELAA in the development of this policy.

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Responsible Person: BoG Chair

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Purpose

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of HPCH Children's Service
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the Dealing with Medical Conditions Policy.

Values

HPCH Children's Service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis actively involving the parents/guardians of each child at risk of anaphylaxis in





assessing risks, and in developing risk minimisation and risk management strategies for their child

- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Scope

This policy applies to the Approved Provider (HPCH Board of Governance), Persons with Management or Control (Executive Officer), Nominated Supervisor (Director Children's Services and Educational Leader), Persons in Day to Day Charge, educators, staff, students on placement, volunteers, contractors, parents/guardians, children and others attending the programs and activities of HPCH. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Background and Legislation

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, 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 identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the Education and Care Services National Regulations 2011 (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, HPCH requires all educators have current approved anaphylaxis management training





(refer to Definitions).

Approved anaphylaxis management training is listed on the ACECQA website (refer to Sources).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- Health Records Act 2001 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

Definitions

The terms defined in this section relate specifically to this policy.

The service provider is Hampton Park Community House and the Approved Provider is Hampton Park Care Group Inc. The Approved Provider delegates its responsibility for the day to day operation of the service to the Nominated Supervisor.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to Definitions) must be specific for the brand they have been prescribed. Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

The most current amendments to listed legislation can be found at:

- Victorian Legislation –Victorian Law Today: <http://www.legislation.vic.gov.au/>





- Commonwealth Legislation –ComLaw: <http://www.comlaw.gov.au/>

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, copy of the child’s ASCIA action plan for anaphylaxis, and telephone contact details for the child’s parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, eg: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

- Mild to moderate signs & symptoms:
 - hives or welts
 - tingling mouth
 - swelling of the face, lips & eyes
 - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.
- Signs & symptoms of anaphylaxis are:
 - difficult/noisy breathing
 - swelling of the tongue
 - swelling/tightness in the throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline autoinjector (refer to Definitions) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: The Anapen Jr is recommended for a child weighing 10-20kg. An Anapen is recommended for use when a child weighs more than 20kg. The child’s anaphylaxis ASCIA action plan for anaphylaxis (refer to Definitions) must be specific for the brand they have been prescribed.





Anaphylaxis: A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to Definitions) trainer. Approved training is listed on the ACECQA website (refer to Sources).

Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the Education and Care Services National Regulations 2011, and is listed on the ACECQA website (refer to Sources).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

EpiPen®: A type of adrenaline autoinjector (refer to Definitions) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for





use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to Definitions) must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person, except in circumstances of a celebration/experience where parents/guardians have approved the food.

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.





Sources and Related Policies

Sources

ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:

<http://acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au

Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.

Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training:

<http://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>

Department of Allergy and Immunology at The Royal Children's Hospital Melbourne

www.rch.org.au/allergy provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:

Allergic and anaphylactic reactions: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148

The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Support Line can be contacted on 1300 725 911 or 9345 4235.

Related policies

- Administration of First Aid Policy



Your place



- Administration of Medication Policy
- Asthma Policy
- Dealing with Medical Conditions Policy
- Diabetes Policy
- Enrolment and Orientation Policy
- Excursions Policy
- Food Safety Policy
- Hygiene Policy
- Incident, Injury, Trauma and Illness Policy
- Inclusion and Equity Policy
- Nutrition and Active Play Policy
- Privacy and Confidentiality Policy
- Supervision of Children Policy

Authorisation

Signature of BoG Chair

Date of approval by BoG 21-10-2021

