



PENNANT HILLS WAR MEMORIAL CHILDREN'S CENTRE

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PENNANT HILLS WAR MEMORIAL CHILDREN'S CENTRE (PHWMCC) MEDICAL CONDITIONS - ANAPHYLAXIS MANAGEMENT POLICY

Introduction

The management of a child's anaphylaxis is dependent upon co-ordination between Pennant Hills War Memorial Children's Centre, the child's family and the child's doctor. Pennant Hills War Memorial Children's Centre recognises the need to facilitate effective care and health management of children who have severe allergies and anaphylaxis, and the prevention and management of acute episodes of illness and medical emergencies.

Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to 5% (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

PHWMCC recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Aim

The Anaphylaxis Management Policy aims to:

- provide a clear set of guidelines and expectations to be followed regarding the management of anaphylaxis
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
- provide the necessary strategies to ensure the health and safety of all children with anaphylaxis enrolled at the service;
- provide an environment in which children with anaphylaxis can participate in all activities to the full extent of their capabilities;
- minimise the risk of an anaphylactic reaction occurring while the child is in the care of PHWMCC;
- raise awareness of anaphylaxis management amongst educators and staff of PHWMCC; and
- raise the preschool community's awareness of anaphylaxis and its management through education and policy implementation.

Procedure

The Approved Provider will:

- ensure that the Nominated Supervisor and Responsible Persons and have completed first aid and anaphylaxis management training that has been approved by Australian Children's Education and Care Quality Authority (ACECQA);
- ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service; and
- ensure that this notice will also identify nuts as an allergen and therefore are not permitted to be brought to the preschool.

The Nominated Supervisor will:

- ask all parents / guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents / guardians to provide a Medical Management Plan signed by a Registered Medical Practitioner;
- ensure that an Anaphylaxis Medical Management Plan signed by the child's Registered Medical Practitioner is provided by the parent/ guardian for the child while at the service;
- ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training;
- ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- ensure all staff and volunteers know the child/children at risk of anaphylaxis, their allergies, the individual Anaphylaxis Medical Management Plan and the location of the auto-injection device kit;
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device;
- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren;
- ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service;
- implement the communication strategy and encourage ongoing communication between parents / guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, e.g. in the children's room, the staff room or near the medication cabinet;
- ensure that a child's individual Anaphylaxis Medical Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;
- ensure that all staff at PHWMCC know the location of the Anaphylaxis Medical Management Plan and that a copy is kept with the auto-injection device kit; and
- ensure that the staff member accompanying children outside the service carries each child's anaphylaxis medication and a copy of the corresponding Anaphylaxis Medical Management Plan with the auto-injection device kit.

Early Childhood Educators responsible for the child at risk of anaphylaxis will:

- ensure a copy of the child’s Anaphylaxis Medical Management Plan is visible and known to staff in a service;
- follow the child’s Anaphylaxis Medical Management Plan in the event of an allergic reaction, which may progress to anaphylaxis;
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis;
- ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults; inaccessible to children; and away from direct sources of heat;
- ensure that the auto-injection device kit containing a copy of the Anaphylaxis Medical Management Plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and
- provide information to the preschool community about resources and support for managing allergies and anaphylaxis.

In the situation where a child who **has or has not** been diagnosed as allergic but who appears to be having an **anaphylactic reaction**:

- » lay person flat – do not allow them to stand or walk. (However, if unconscious, place in recovery position, OR, if breathing is difficult, allow them to sit)
- » administer adrenaline auto injector
- » call an ambulance immediately by **dialling 000**
- » contact the parent/guardian or emergency contact person
- » further adrenaline doses may be given if no response after 5 minutes
- » commence CPR at any time if person is unresponsive and not breathing normally

Families will:

- inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies;
- develop an anaphylaxis risk minimisation plan with service staff;
- provide staff with an Anaphylaxis Medical Management Plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- provide staff with a complete auto-injection device kit;
- regularly check the adrenaline auto-injection device expiry date;
- assist staff by offering information and answering any questions regarding their child’s allergies;
- notify the staff of any changes to their child’s allergy status and provide a new Anaphylaxis Medical Management Plan in accordance with these changes;
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- comply with Pennant Hills War Memorial Children's Centre’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

All parents at Preschool will be informed in writing that the Preschool is a “Nut Aware” Preschool, and that every effort to prevent nuts from being present at Preschool will be made.

Development of Classroom Risk Minimisation Plan

Staff and parents with medical reports will communicate before the child starts at the Preschool to develop a clear understanding of the child's medical needs via the following steps:

Step 1 : A letter from the consulting medical doctor is required stating:

- Child's name and date of birth
- Address of the child
- Known allergens
- Action plan for the child, including:
 - symptoms that suggest the child is having an anaphylactic / allergic reaction
 - medication and administration of medication procedure
 - emergency procedures
 - emergency contacts
- Name of the referring medical professional

Step 2 : Staff and families will consult to develop a Classroom Risk Minimisation Plan that:

- is able to be displayed in the staff preparation area alongside the child's Anaphylaxis Medical management Action Plan
- has clear easy to follow steps
- is designed to minimise the potential risk of ingestion of allergens

The Classroom Risk Minimisation Plan will include:

- Child's name
- List of known allergen(s)
- Symptoms that would suggest an anaphylactic or allergic reaction
- The name of medication/s and dosage required including the procedure to administer medication/s if the child is showing a reaction to known allergens
- Emergency ambulance / doctor's phone numbers
- Emergency contacts for child
- Classroom management strategies to minimise the risk of ingestion of products that could lead to an anaphylactic reaction, e.g. dairy free table, child's parents to provide craft / boxes, birthday cakes etc. for the child.
- Classroom staff and parents to check "use by" date of medication each term and complete Medication Checklist (see "Medication Checklist" form)

The Preschool, in consultation with the classroom staff and parents, will review and modify the action plan each term to monitor its effectiveness.

Points to consider when developing Classroom Risk Minimisation Plans include:

- Rotation of equipment
- Washing of equipment and kitchen
- Monitoring of food children eat
- Washing of hands and mouth, chairs / tables
- Cleaning of taps
- Cooking
- Craft materials / box collage
- Birthday cakes
- Storage of lunch / morning teas

- Outside play
- Cleaning procedures

Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the preschool will review this policy every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children at the preschool are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the preschool; a family's ability to utilise the preschool; the fees charged or the ways in which fees are collected.

Definitions

Approved Provider:	Pennant Hills War Memorial Children's Centre Management Committee
Nominated Supervisor:	Director of Pennant Hills War Memorial Children's Centre
Responsible Person:	Educator who is in charge of the day to day running of the preschool in the Nominated Supervisors absence
Early Childhood Educators:	Teachers and Child Care Workers

Related legislation:	Education and Care Services National Law Act 2010: Section 173 Education and Care Services National Regulations 2011: Regulations 90, 91, 96 Health Records Act 2001
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Related Guidelines, Standards, Frameworks:	National Quality Standard, Quality Area 2: Children's Health and Safety- Standard 2.1, 2.2 National Quality Standard, Quality Area 7 Governance and Leadership Standard 7.1, 7.2
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Sources:	Community Early Learning Australia – Dealing with Medical Conditions Sample Policy
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Relevant Documents:	PHWMCC enrolment form Medical Conditions Policy – Asthma Medical Conditions Policy – Anaphylaxis Medical Conditions Policy - Diabetes Administration of Medication Policy Classroom Risk Minimisation Plan
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Policy reviewed:	September 2017
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Next review date:	September 2019
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