



Anaphylaxis Policy PP14V01

Effective date of Policy: December 2020

Date of next review: December 2021

Be Heard Philosophy

As a part of our mission to provide the highest quality of 'Care' to our children, we take every measure to ensure we are supporting the health needs of children at Be Heard.

AIM: To minimise the risk of an anaphylactic reaction occurring while the child is in the care of the service and ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment. Be Heard wishes to raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

1. Responsibility

- Management
- Staff
- Families
- Volunteers
- Students
- Children

2. Implementation

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide a safe environment for children free of foreseeable harm and adequate supervision of children. Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service sessions. Staff members need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of children's Medical Management Plan and Risk Management Plans.

PRINCIPLES

- Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to 5% of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, soy, wheat, fish and shellfish, 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-injector.

- Be Heard recognises the importance of all staff responsible for children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of adrenaline auto-injectors.
- Be Heard acknowledges it is not possible to achieve a completely allergen-free environment. There should not be a false sense of security that an allergen has been eliminated from the environment. Instead, Be Heard 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 session, providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the community and children in attendance actively involving the families of each child at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for their child.
- Facilitating communication to ensure the safety and wellbeing of children at a risk of anaphylaxis.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.

CHECKLIST FOR CHILDREN AT RISK OF ANAPHYLAXIS

During intake of a child with anaphylaxis, Be Heard will ensure the following is completed:

- A risk minimisation plan is completed in consultation with a family member, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and how this plan is to be implemented
- An Anaphylaxis Action Plan is completed and signed by the child's doctor and is displayed wherever the service session may take place
- Adrenaline auto injectors (within expiry date) are available for use at any time the child is in the care of Be Heard
- Adrenaline auto injectors are stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, are aware of each adrenaline auto injectors location
- All Be Heard staff have undertaken recognised anaphylaxis management training
- Parent/Guardian's current contact details are available along with two alternative contacts
- Measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

FAMILY OBLIGATIONS

- The Intake form is fully completed
- A completed Medical Management Plan for the child is signed by the child's Doctor and given to Be Heard prior to the first session
- A completed Anaphylaxis Action Plan for the child is signed by the child's Doctor and given to Be Heard prior to the first session

- Medication is within its expiry date and is updated as require
- Be Heard and staff are kept up to date on the child's medical condition and documentation is kept updated
- Bottles, other drinks and lunch boxes, including any food, provided by the parents/guardians will be clearly labelled with the child's name
- They notify the service if their child has had a severe allergic reaction while not at the service either at home or at another location

BE HEARD PROCEDURES

- Be Heard will Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- Respond to complaints
- Review the adequacy of the response of Be Heard if a child has an anaphylactic reaction and consider the need for additional training and other corrective action
- Provide all new employees, students and volunteer's access to Be Heard policies and procedures and ensure they fully understand what their responsibilities are

When a child who has been diagnosed at risk of anaphylaxis is enrolled at Be Heard, management shall also:

- Conduct a risk assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of Be Heard and develop a risk minimisation plan for Be Heard in consultation with staff and the families of the children
- Ensure all staff members delivering sessions have completed accredited anaphylaxis management training and that practice of adrenaline auto injectors administration is undertaken at least annually
- Ensure that no child who has been prescribed adrenaline auto injectors is permitted to attend the service or its programs without those adrenaline autoinjectors
- 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
- Ensure that a child's individual anaphylaxis management plan is signed by a registered medical practitioner is provided for that child

STAFF PROCEDURES

- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis

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

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Follow the instructions given by 000 which may include using another child's auto injector.
- Contact the parent/guardian.
- Contact the person to be notified if the parent/guardian cannot be contacted.

EDUCATING CHILDREN

- Staff will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and '_____ is allergic to that food'
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy).
- Staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergies and encourage empathy, acceptance and inclusion of the allergic child

REPORTING PROCEDURES

After each emergency situation the following will need to be carried out:

- Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge at the time of the incident
- If necessary, send a copy of the completed form to the insurance company
- File a copy of the Incident Report on the child's file
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated
- Staff will need to discuss the effectiveness of the procedures that were in place and modify procedures if any shortfalls are identified
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure

Sources and References

- www.allergy.org.au
- Anaphylaxis Australia Inc
- Royal Children's Hospital Anaphylaxis Support Line

3. Review

Date Reviewed	Modifications	Next Policy Review Date
December 2020	Creation of Policy	December 2021

IMPORTANT NOTICE AND DISCLAIMER

This is an important notice to all Families, staff, contractors, and other users of this Policy.

1. This Policy has been prepared by Be Heard based on the information available as at the issue date. Be Heard reserves the right to vary this Policy at any time, including to take into account any changes to the legislation and legislative instruments that may apply from time to time.

2. While all reasonable care is taken in preparing this Policy, Be Heard does not make any warranty about or accept any responsibility for whether the Policy complies with, accurately interprets or adequately implements all legislation and legislative instruments that may apply from time to time.

3. To the greatest extent permitted by law, Be Heard disclaims all liability to any person in respect of anything, and of the consequences of anything, done or omitted to be done by any such person in reliance, whether wholly or partially, upon any information presented in this Policy.