# MSS & WAABINY OSHC
# ANAPHYLAXIS MANAGEMENT POLICY

## PURPOSE

Montessori Stepping Stones (MSS) aims to provide a safe environment in which children may play and explore (develop and learn), and minimise the risk of an anaphylactic reaction occurring at the centre. In the event of an anaphylactic reaction employees will respond appropriately and competently to an anaphylactic reaction.

## SCOPE

All people involved in ensuring the health and safety (prevention and responsive actions towards anaphylactic reactions) of children enrolled at MSS, including those diagnosed by a medical practitioner as being at risk of anaphylaxis;– as well as children, families, educators and employees who assist in the continuous improvement and implementation of quality practices.

## DESCRIPTION/GENERAL

All children, employees and contractors within the services of MSS have a right to a safe environment that is free from hazards that may cause harm or injury. The Education and Care Services National Law (WA) Act 2012 requires that approved provider, nominated supervisors and coordinators take reasonable care to protect children from foreseeable risk of harm, injury and infection. MSS has a duty of care to respond effectively to accidents and emergencies that occur at our service.

Our duty of care requires everyone at MSS, enrolled or visiting, to:

- Take reasonable care to eliminate or minimise foreseeable risks of personal injury to children under their supervision, due to the susceptibility of some children to allergies, special care must be taken to protect these children if the condition is known or ought to be known and exposes them to special risk of injury.

- Seek appropriate medical assistance for children in the event of an allergic reaction such as calling an ambulance or seeing a medical practitioner

- Render whatever first aid is reasonable in circumstances where there is insufficient time to arrange for a child to be seen by a medical practitioner or be admitted to hospital via ambulance

The *Poisons Regulations 1965* have been amended and early childhood education employees are able to supply (and administer) a general use adrenaline autoinjector to a child in their service experiencing an anaphylactic reaction.

## LEGISLATION AND GOVERNMENT REQUIREMENTS

Laws relating to protection of privacy and confidentiality; duty of confidentiality arising from contract with parent; to whom and when information must be disclosed;

- Occupational Health, Safety and Welfare Act

- Occupational Safety and Health Regulations 1996

- Education and Care Services National (WA) Law Act 2012

- Education and Care Services National (WA) Regulations 2012
- Equal Opportunity – Anti-discrimination
- Poisons Act 1964 and Poisons Regulations 1965

## CHILDREN'S NEEDS

A safe environment in which to play and learn (develop and learn). Appropriate care in the event of an incident or accident. Not singled out as different; to feel safe: to be protected from their allergens.

## FAMILIES' NEEDS

To feel confident that their child's safety is being assured, and that MSS is a safe place. To reduce their anxiety and feel confident that their child is safe; to feel that their concerns are taken seriously.

## EDUCATOR AND EMPLOYEES NEEDS

A safe workplace with appropriate training in first aid (including anaphylaxis, emergency asthma management) to reduce their anxiety in dealing with an anaphylactic response and cardiopulmonary resuscitation (CPR), well planned and practised emergency as well as evacuation procedures. Appropriate allocation of resources to maintain a safe environment.

## MANAGEMENT NEEDS

To minimise legal liability of MSS and ensure safety issues are brought to their attention. That parents/guardians understand the serious nature of some allergies and how they can assist MSS to avoid allergens. To be informed and educated in regard to anaphylaxis; appropriate policies are written, adhered to and regularly updated and that employees are prepared to act in emergency situations. Action Plans are prepared with input from a child's medical practitioner and parent/guardian, and endorsed by both.

## ANAPHYLAXIS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing with approximately 1 in 20 Australian children having food allergy and approximately 1 in 50 having peanut allergy.

The most common allergens in children are:

- peanuts
- eggs
- tree nuts (e.g. cashews)
- cow's milk
- fish and shellfish

- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis in early childhood education services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between early childhood education services and parents/guardians is important in helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## IDENTIFYING ALLERGIC CHILDREN

Prior to enrolment or as soon as an allergy is diagnosed, MSS will require an Individual Anaphylaxis Health Care Plan (ASCIA) for the child in consultation with the child's parents/guardians and appropriate health professionals.

Further, at the time of enrolment parents/guardians will be asked to identify if their child has any special dietary needs on the enrolment form. The dietary requirements should be reviewed with the parent/guardian every six months, and a current (no more than 4 weeks old) printed list of dietary requirements will be placed in the kitchen for the food coordinator, who has the responsibility of preparing the food.

Whenever a child with severe allergies is enrolled at MSS, or newly diagnosed as having a severe allergy, all employees will be informed of:

- The child's name and room
- Where the child's ASCIA Action Plan will be located
- Where the child's adrenaline autoinjector is located
- The responsibility for administering the adrenaline autoinjector

New employees will be given information about children's special needs (including children with severe allergies) during the orientation process.

MSS will discuss the provision of a Medic Alert bracelet for the child at risk of anaphylaxis with parents/guardians.

## EMPLOYEES TRAINING

An appropriate number of employees will be trained in the prevention, recognition and treatment of anaphylaxis in early childhood education settings, including the use of adrenaline autoinjectors.

MSS will determine which of their employees should be trained to ensure that someone in close proximity to the child is always on hand to act in an emergency; this may mean that all employees should be trained, yet in cases it may be sufficient for only those employees who work with the child to be trained.

MSS will ensure the Food Coordinator is trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.

MSS has available an extra adrenaline auto-injector in case of a situation where a child or adult may have an anaphylactic reaction without having their own injector pen.

Anaphylaxis emergency procedures will be conducted and evaluated annually to ensure employees are confident in the procedure and able to act in an emergency.

## EMERGENCY PROCEDURES

The child's Individual Anaphylaxis Health Care Plan should be completed in consultation with the child's parents/guardians and appropriate health professionals. Such consultation includes:

- approval of the plan
- consent for the information contained within the plan to be made available to both early childhood education employees and emergency medical personnel (if necessary).

The child's Individual Anaphylaxis Health Care Plan must include information relating to the immediate transport to hospital in an ambulance after an anaphylactic reaction. Repeat episodes of anaphylaxis may necessitate the child requiring additional medical treatment.

The child's ASCIA Action Plan will be placed in the medical folder within the room. This will ensure it can be regularly read by early childhood education employees where the child may be present during the day. Due to changes in the Privacy Act (1988) in 2017, services are no longer able to display medical action plans in the centre. All employees are aware of the location of the medical folder in the rooms, and have immediate access to these at any time.

The nominated supervisor/certified supervisor will inform the educators and employees of the agreed Individual Anaphylaxis Health Care Plan for the child and obtain their endorsement for the plan to proceed. All information on the child's Individual Anaphylaxis Health Care Plan should be reviewed at least annually with the child's parents/guardians to ensure information is current to the child's developmental level.

The child's Individual Anaphylaxis Health Care Plan should be reviewed prior to any special activities (e.g. excursions) to ensure information is current and correct, and any specific contingencies are pre-planned.

It is understood that early recognition and prompt treatment for an anaphylactic reaction can be life-saving. Employees will therefore at least every 6 months review a child's ASCIA Action Plan to ensure they feel confident in how to respond quickly in an emergency. Parents/guardians are responsible for supplying the adrenaline autoinjector and ensuring that the medication has not expired.

After each emergency incident, the Individual Anaphylaxis Health Care Plan will be evaluated to determine if the early childhood education service's emergency response could be improved.

The child's adrenaline autoinjector (and any other medication), must be labelled with the name of the child and recommended dosage. Medication must be located in a position that is out of reach of the children, but readily available to employees. Consideration must also be given to the need to keep the adrenaline autoinjector away from excessive light, heat or cold when deciding on a suitable location.

The expiry date of the child's adrenaline autoinjector will be included on the Individual Anaphylaxis Health Care Plan. The educators will check the adrenaline autoinjector routinely to ensure it is not discoloured or expired and therefore in need of replacement. MSS educators will advise the parents/guardians at the earliest opportunity if the adrenaline autoinjector needs to be replaced.

Adrenaline autoinjectors are available in different dosages, namely:

- a smaller (junior) dosage of adrenaline for children between 10-20kg (1-5 years of age);
- a higher dosage of adrenaline for children over 20kg (or children over five years of age).

Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's parents/guardians should be contacted. A request should be made to collect the child and seek medical advice. MSS educators/employees closely monitor the child until the parents/guardians arrive. Immediate action should be taken if the child develops symptoms.

**Note:**

It is quite possible that a child with no history of a previous anaphylaxis, may have their first anaphylactic reaction whilst at our centre, as these reactions only occur after the second exposure to the allergen. If educators/employees believe a child may be having an anaphylactic reaction, the extra adrenaline autoinjector for general use should be administered immediately and an ambulance called. In addition, educators/employees must follow emergency First Aid procedures immediately when required.

## RISK MINIMISATION STRATEGIES

In the early childhood education environment, strategies used to reduce the risk of anaphylaxis for individual children will depend on the nature of the allergen, the severity of the child's allergy and the maturity of the child.

Wherever possible MSS will minimise exposure to known allergens by:

- A child at risk of food anaphylaxis should only eat lunches and snacks that have been prepared at home or at MSS under strictly supervised conditions. Children should not swap or share food, food utensils and food containers
- Special care will be taken to avoid cross contamination occurring at MSS by providing separate utensils for a child with allergies, taking extra care when cleaning surfaces, toys and equipment, and ensuring strict compliance with our hygiene policies and procedures
- Only appropriately trained employees are to prepare, handle and serve the allergic child's food, thus minimising the risk of cross contamination occurring

For some children with food allergies, contact with small amounts of certain foods (e.g. nuts) can cause allergic reactions. For this reason, all parents/guardians will be advised of specific food allergies and how they can assist MSS minimise the risk of exposure to known allergens.

Some children have severe allergic reactions to insect venoms. Prevention of insect stings from bees and wasps include measures such as:

- wearing shoes when outdoors
- closing windows in cars and buses
- taking great care when drinking out of glasses, walking around wet areas, or when walking in grasses which are in flower

Educators/employees will regularly inspect for bee and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.

Particular care will be taken when planning cooking or craft activities involving the use of empty food packaging to avoid inadvertently exposing the child to allergens. The same level of care will be employed to outside activities.

Educators/employees will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at MSS by:

- talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to educators/employees when they are having an anaphylactic reaction
- taking the child's and their parent's/guardian's concerns seriously
- making every effort to address any concerns they may raise

## EDUCATION OF CHILDREN

Educators/employees 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'.*

Educators/employees will talk about symptoms of allergic reactions to children, i.e.: itchy, furry, scratchy, hot, funny).

With older children, educator/employees will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.

Educators/employees will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

## REPORTING PROCEDURES

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

- Educators/employees involved in the situation are to complete an incident report on the Xplor platform, which will be viewed by the supervisor at the time of the incident, and also signed by the parent/guardian at the time of collection
- If necessary, send a copy of the completed form to the insurance company
- The nominated supervisor will inform management about the incident
- If required, the nominated supervisor will inform the Education and Care Regulatory Unit (WA) about the incident
- Educators/employees will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated. Educators/employees will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were in place. It is important to learn from each incident.

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.