

Early Learning

Dealing with Medical Conditions Policy

Anaphylaxis Appendix 23.1

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

Current Environmental Context

The policy applies regardless of whether or not a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

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®. 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.

Children at risk of anaphylaxis must be identified during the enrolment process and staff informed. A notice must be displayed prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service. An ASCIA action plan for anaphylaxis must be provided by the child's parents/carers and an individual risk minimisation plan developed by the service in consultation with the child's parents. It is most important that children at risk of anaphylaxis are not discriminated against in any way are able to participate in all activities safely and to their full potential. Each service should identify and minimise allergens irrespective of whether a child at risk of anaphylaxis is attending or not.

Staff should practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly.

Centre-based services will have a current adrenaline autoinjector, (EpiPen®) for emergency use, located in the first aid kit.

The following attachments contain detailed information relating to all aspects of this policy:

Attachment 23.1a: Responsibilities relating to the Anaphylaxis Policy

Attachment 23.1b: Risk minimisation procedures

Attachment 23.1c: ASCIA Action Plans for Anaphylaxis and Allergic Reactions Sample

Attachment 23.1d - ASCIA Action Plans for Allergic Reactions Sample

Forms available on the Intranet [Click Here](#)

Form 23.1.1: Anaphylaxis Service Enrolment checklist

Uniting Early Learning 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) in the development of this policy.

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Please refer to the Uniting Intranet/Document Management System for the latest version.

Reference/Sources

This policy was reviewed by the Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne on 06 September 2018.

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:
<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>
- Allergic and anaphylactic reactions: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
- 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 23.1c). Contact details of clinical immunologists and allergy specialists are also provided
- ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update. Vale.S, Smith.J, Said.M, Mullins.R, and Loh. R. Position Paper. Australasian Society of Clinical Immunology and Allergy. Journal of Paediatrics and Child Health 2105
- Autoinjectors (EpiPens) for anaphylaxis – an overview:
https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/
- 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:
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: <http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx>
- 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 wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Authorisation

This policy was adopted by Uniting Early Learning on 14 December 2018.

Review

This policy is to be reviewed by: 30 November 2020

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