**Child Care**

**Anaphylaxis Policy**

**Values**

Tongala Community Activities Centre Inc Child Care (TCACC) believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Our centre is committed to:

* 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 attending the centre.
* Actively involving the parents and guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
* Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedure.
* Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

**Purpose**

The aim of this Policy is to:

* Minimise the risk of an anaphylactic reaction occurring while the child is in our care.
* Ensure that all staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
* Raise the centre community’s awareness of anaphylaxis and its management through education and policy implementation.

**Scope**

The *Children’s Services Act 1996* requires proprietors of licensed children’s services to have an anaphylaxis management policy in place. This policy is required, whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It applies to children enrolled at the centre, their parents/guardians, staff and licensee as well as to other relevant members of the centre community, such as volunteers. The Children’s Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

**Background and Legislation**

Anaphylaxis is a severe, life threatening allergic reaction. Up to two percent of the general population and up to five percent of children aged 0 to 5 years are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, 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. The Licensee recognises the importance of all staff and carers responsible for the child/ren 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 an auto-injection device. Staff and carers, parents and guardians meed to be made aware that it is not possible to achieve a completely allergen-free environment in any centre that is open to the general community. Staff and carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the Licensee 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 llergen in the centre.

**Procedures**

TCAC Child Care shall:

* Ensure there is an anaphylaxis management policy in place containing matters prescribed in Schedule3 of the Children’s Services Regulations 2009 (r.87).
* Ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the centre (r.43 and r.48 for family day care services).
* Ensure that all staff, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months.

**In services where a child diagnosed at risk of anaphylaxis is enrolled TCAC Child Care shall also:**

* 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 (Schedule3 of the Regulations).
* Ensure that a notice is displayed prominently in the main entrance of the centre stating that a child diagnosed at risk of anaphylaxis is being cared for at the centre (r. 40).
* Ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for have completed training approved by the Secretary in the administration of anaphylaxis management (r.67(2)) and that practice of the adrenaline auto injection device is undertaken on a regular basis, preferably quarterly, and recorded.
* Ensure that all relief staff members in a centre have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenalin auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
* Ensure that no child who has been prescribed an adrenalin auto-injection device is permitted to attend the centre without the device (Schedule 3 of the Regulations).
* 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 (Schedule3 of the Regulations).
* Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) generic poster called Action Plan for anaphylaxis in a key location at the centre, for example near the first aid kit.
* Display an emergency contact card by telephone.
* Comply with the procedures outlined in Schedule 1 of the model policy.
* Ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r.34). 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 in the centre know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit (Schedule 3 of the Regulations).
* Ensure that staff members accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r.74(4)(d)).

**Staff responsible for the child at risk of anaphylaxis shall:**

* Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in the centre.
* Follow the child’s anaphylaxis medical management 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 000.
* Commence first aid measures.
* Contact the parent or guardian.
* Contact the person to be notified in the event of illness if the parent or guardian cannot be contacted.
* Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and ‘anaphylaxis scenarios’ on a regular basis – preferably quarterly.
* Ask all parents and guardians as part of the enrolment procedure, prior to the 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 and guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
* Ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy of the child’s anaphylaxis medical management action plan) is provided by the parent or guardian for the child while at the service.
* Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff, is easily accessible to adults (not locked away), is inaccessible to children, and away from direct heat (r.84(3)).
* Ensure that the auto injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service – excursions that the child attends (r.74(4)(d)).
* Regularly check the adrenaline auto-injection device expiry date as the manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month.
* Provide information to the centre community about resources and support for managing allergies and anaphylaxis.
* Comply with the procedures outlined in Schedule 1 of the model policy.

**Parents and guardians of children shall:**

* Inform staff at the centre, 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 action 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 action 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.
* Comply with the centre’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without that device.
* Comply with the procedures outlined in Schedule 1 of the model policy.

**Evaluation**

The Licensee and TCAC Coordinator shall:

* Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
* Selectively audit enrolment checklists to ensure that documentation is current and complete – annually.
* Discuss this policy and its implementation with parents and 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 and notify the Department within 48 hours (r.105).
* Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

**Legislation**

*Children’s Services Act 1996*

Children’s Services Regulations 2009

Child Safe Standards

*Health Act 1958*

*Health Records Act 2001*

*Occupational Health and Safety Act 2004*

**References**

Definitions (attached)

Risk Minimisation plan – Schedule 1 attached.

Enrolment check list for children at risk of anaphylaxis – Schedule 2 attached.

Sample risk minimisation plan for anaphylaxis – Schedule 3 attached.

Possible exposure scenarios and strategies – attached.

***Responsible Officer – TCAC Coordinator***

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