Early Childhood Management Services

Quality Area 2: Children Health and Safety
Early Childhood Education

Anaphylaxis Procedure

Purpose

This procedure relates to the Medical Policy and should be read in conjunction with this.

Background

Anaphylaxis is a life-threatening allergic reaction. Anaphylaxis requires very specific treatment and must be considered a serious condition, as even the slightest contact with a known allergen can cause a severe reaction that can result in death. Up to 1-2 percent of the general population are at risk of Anaphylaxis. The most common cases in young children involve eggs, peanuts, cow's milk, and bee or other insect stings. Although the reaction can develop within minutes after exposure to the allergen, there is usually enough time to treat life-threatening reactions with adrenaline (auto-injector device). It is impossible to completely prevent reactions from occurring, despite taking all precautions.

Children have a higher incidence of anaphylaxis than adults, at the rate of approximately 2-7 percent in children and 1-2 percent in adults. Children with anaphylaxis at 5 years of age are more likely to have the condition throughout adulthood. Therefore, all Educators must be aware of and recognise symptoms and must be trained and able to administer the auto-injector device.

Scope

This policy applies to all ECMS staff (including relief) and includes students on placement, volunteers, parents/guardians/family members, and also applies to incursions and excursions.

This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Procedure

Procedure – anaphylaxis emergency management (undiagnosed)

Where a child who has not been diagnosed as allergic/anaphylactic, but appears to be having an anaphylactic reaction the following action will be taken:

1. An ambulance is immediately called by dialling 000
2. First aid procedures are commenced
3. Parent/guardian is contacted
4. Emergency contacts are notified if parent/guardian cannot be reached
5. Complete an Incident, Injury, Trauma, Illness report, and submit this to the Compliance desk within 2 hours of the incident occurring.

Anaphylaxis Emergency Management Procedure

Always follow instructions on the ASCIA Action Plan for Anaphylaxis

Action will include locating the adrenaline autoinjector in case a mild to moderate allergic reaction (see plan) progresses to a severe allergic reaction/anaphylaxis.

Watch for ANY ONE of the following signs of Anaphylaxis (severe allergic reaction) noting that many will not have any proceeding symptoms

- Difficult/noisy breathing
- Swelling of the tongue
- Swelling/tightness in the chest
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (in small children)

Emergency Action for Anaphylaxis

a. Lay person flat – do not allow them to stand or walk. If breathing difficult allow them to sit. If unconscious and breathing normally place in the recovery position. Commence CPR at any time if the person is unresponsive and not breathing normally.

b. GIVE ADRENALINE AUTOINJECTOR (Epi-Pen) (see below)

c. Record time adrenaline autoinjector (Epi-Pen) is given.

d. Phone ambulance on 000 (triple zero). Clearly state the problem to the first person you speak to, as he/she will not be medically trained. Say 'WE HAVE A CHILD WITH A LIFE-THREATENING ALLERGY REQUIRING ADRENALINE AND AN AMBULANCE'. All children who have had an adrenaline autoinjector administered are required to be transferred to a hospital for a minimum of 4 hours from the last dose of adrenaline in case of a rebound reaction

e. Stay with the child

f. Further doses of adrenaline (if available) can be given after five minutes if no response or condition worsens

g. Ring family/emergency contacts: inform them of the incident and which hospital the child will be transported to

h. Keep used autoinjector device for ambulance staff to take with the child to the hospital

i. The Nominated Supervisor or Educator will attend the hospital with the child and keep parents informed of the child's condition until their arrival

j. A second staff member should write down reactions when time allows, look at the clock to see the time it happened, how long a reaction took to happen, what were the symptoms, how they responded to the adrenaline auto-injector, etc.

k. Complete an Incident, Injury, Trauma, Illness report, and submit this to the Compliance desk within 2 hours of the incident occurring.

l. REMEMBER – If in any doubt give adrenaline autoinjector according to directions

Administration of the auto-injector device (Epi-Pen)

- Form a fist around the Epi-Pen and PULL off the blue safety release
- Keep your thumb and fingers away from both ends of the device: form a fist with fingers and thumb around the device to minimise the risk of accidentally injecting yourself
- Remember the rhyme: Blue to the SKY, Orange to the THIGH
- Hold the leg still and PLACE Orange end against the outer mid-thigh (with or without clothing but not directly over clothing seams or pockets)
- PUSH DOWN HARD until a click is heard or felt and hold for three (3) seconds
- Remove auto-injector after you have counted slowly to three. The orange end will extend over the needle to help prevent needle stick injury once the device is used.
- Keep device for ambulance officers
- The auto-injector is single use only so you must get this right the first time
- Reassure the child. This may require two people, one to hold and comfort the child and one to administer the injection.
- Note the time of the administration of the device
- If no response a further dose may be administered (if available) after 5 minutes
- If there is any blood visible at the injection site, apply gloves and cover with a band-aid
- Continue to monitor the child and follow directions of Ambulance Victoria

Qualifications and Service Requirements

ECMS requires:

- All Educators will have current first aid and anaphylaxis management training
- The service will have a risk minimisation plan, communication plan, and checklist in place to ensure all Educators are aware of correct procedures when caring for children at risk of an anaphylactic reaction
- Auto-injector device administration procedures using an auto-injector device trainer and 'anaphylaxis scenarios' are practiced on a quarterly basis. This information is to be kept on staff records
- Information is provided to the service about allergies and anaphylaxis
- Nominated Supervisors to display a notice prominently stating that there is a child diagnosed at risk of anaphylaxis being cared for and/or educated at the service.

Procedure – on enrolment

Educators responsible for the child at risk of anaphylaxis will ensure that:

- As part of the enrolment procedures, prior to a child attending the centre, any allergies will be documented on the child's record. It is the parent's responsibility to notify ECMS of children's allergies, reactions, and treatment
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the ECMS Medical Conditions Policy and the relevant procedure
- The enrolment checklist for children at risk of anaphylaxis is completed
- Following identification of children with allergies/anaphylaxis, an ASCIA Action Plan **MUST** be provided which must include the following:
    - Clear identification of the child (photo)
    - Documentation of the allergic triggers
    - Documentation of the first aid response including any prescribed medication
    - Identification and contact details of the parents and medical doctor who has signed the form.
- Parents/guardians provide ASCIA Action Plan for Anaphylaxis signed and/or stamped by the child's doctor and a complete auto-injector device kit when the child attends the service.
- An in-date auto-injector device must be left at the ECMS service at all times (provided by parents). Where this is not provided the child **will not** be able to attend the service.
- The labelled auto-injector device must be placed in a small insulated container:
    - Clearly marked with the child's name
    - Containing a list of symptoms, the child is likely to experience
    - Containing instructions on when and how to use the auto-injector device
    - Instructions on how and when to ring an ambulance
    - Parents must replace the auto-injector device before the expiry date. This is the parent's responsibility

- The child's doctor must complete and sign the ASCIA Anaphylaxis Action Plan
- A risk minimisation plan that clearly identifies risks relating to the child's specific health care need, allergy, or medical condition is developed in consultation with the parent prior to the child attending
- A communication plan is developed using information from the child's risk minimisation plan, noting that any changes to the diagnosis/management plan are to be communicated (in writing) to the staff immediately
- The child's ASCIA Action Plan for Anaphylaxis is communicated and visible to all Educators and displayed clearly in the child's room
- The child's action plan is followed in the event of an allergic reaction which may progress to anaphylaxis.

Monitoring and Storage of auto-injector devices (Epi-Pen)

- The auto-injector device kit is stored in a location that is known to all Educators, including relief Educators; is easily accessible to adults; inaccessible to children, and stored away from direct sources of heat
- The auto-injector device kit for each child at risk of anaphylaxis is carried by a trained adult on any excursion or regular outing that the child attends
- The auto-injector device expiry date is regularly checked, that the liquid in the device is clear, and is replaced (by parents) when required. (The manufacturer of the kit will only guarantee the effectiveness of the auto-injector device to the end of the nominated expiry month).

Prevention of Anaphylaxis

Points to consider:

- Know and avoid all the causes
- No food sharing or swapping
- Children only to be given food prepared at and/or for the service (except in certain cases where the child has food provided by parents from home as agreed with the ECMS Nutrition, Food, Beverage and Dietary Requirements Policy)
- Ensure all carers and relievers are aware of the children with specific food allergies and the emergency management plan
- If containers are brought into service from parents (e.g. ice cream or margarine or butter) they must be rewashed thoroughly before use. Do not assume they have been washed correctly
- Use of chemical-based products such as shaving creams and Lux flakes only after checking ingredients or ringing the manufacturer if uncertain
- Ensure that play opportunities within the program and planning are mindful of all allergens. Examples include (but not limited to) the use of egg cartons in craft activities, "Nut cereal" boxes in box construction, playdough (for a child with wheat/gluten allergy), and the use of balloons or band-aids for children with a latex allergy. Use of sunscreen only to be used after checking the label for ingredients or ringing manufacturer (these may contain peanut oil or other allergens)

- Use of face paints after checking the label for ingredients or ringing manufacturer and with specific parent consent
- Birthday cakes brought into ECMS must be in line with the food policy
- Ensure tables and benchtops are washed down after eating
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children should not wander around the service with food.

Documentation

In the event of a child experiencing anaphylaxis at the service, educators will follow the first aid instructions and relevant Emergency Action Plans. As soon as possible educators will contact parents to inform them of the incident and will complete an Incident, Injury, Trauma and Illness Record and the relevant medication record

Sources

Related Legislation	• Child Wellbeing and Safety Act 2005 • Education and Care Services National Law Act 2010: Section 1165, 167, 169 172 and 174 • Education and Care Services National Regulations (Current as at 1 July 2018): Regulations 4, 77 – 80, 85-98, 102, 136, 137, 146, 147 160- 162, 167 – 173, 176 - 178, 181, 183, 184 • Health Records Act 2001 • Health Infectious Diseases Regulations 2001 • National Quality Standards, Quality Area 2: Children's Health and Safety • Occupational Health and Safety Act 2004 • Public Health and Wellbeing Act 2008 • Public Health and Wellbeing Regulations 2009 (Vic) • Privacy and Data Collection Act 2014 (Vic) • Privacy Act 1988 (Cth)
Sources and Further Reading	• 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/assessment/approval/first-aid-and-training • Allergy and 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) 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 https://allergyfacts.org.au/images/pdf/Allergy_Pen_Infographic.p

df Contact details of clinical immunologists and allergy specialists are also provided. www.allergy.org.au

- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline auto-injector prescription. Kids Health Info fact sheets are also available from the website. www.rch.org.au/allergy