

## Anaphylaxis Emergency Management Procedure

ECMS aims to raise the centres' awareness of Anaphylaxis and its management through education and training of all educators at the service. All educators will have current first aid and anaphylaxis management training. The service has a risk minimisation plan and checklist in place to ensure all educators are aware of correct procedures when caring for children at risk of an anaphylactic reaction.

ANAPHYLAXIS is a severe life threatening allergic reaction. Anaphylaxis requires very specific treatment and must be considered as a serious condition as even the slightest contact with a known allergen can cause a serious reaction that can result in death. Up to 1-2% 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 occurring, despite taking all precautions.

### Policy Objectives

- Children have a higher incidence of anaphylaxis than adults, at the rate of approximately 2-7% in children and 1-2% 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.
- All educators must be trained and able to administer Auto Injector Device.

### Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while a child is at the service.
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment including administering an Auto Injector Device
- Ensure educators are aware of risk minimisation plan and checklist procedures.

### Principles

- An assessment of the potential for accidental exposure to allergens while children at risk of Anaphylaxis are at the service will be conducted and a risk minimisation plan will be developed in consultation with educators and families.
- Educators caring for children at risk of Anaphylaxis will attend Anaphylaxis management training and this training will be updated annually.
- It is the responsibility of the service to ensure that all educators are trained in Anaphylaxis management and that they are aware that they are responsible for the administration of Auto Injector Devices in the case of an emergency.
- A child who has been prescribed an Auto Injector Device cannot attend the centre or its programs without that Auto Injector Device.

- Ongoing communication between parents/guardians and educators regarding the current status of a child's allergies, the service's policy and its implementation will be encouraged.
- An ambulance contact card will be displayed next to telephones.

## Procedures

### **Educators Responsible for the Child at Risk of Anaphylaxis will ensure that:**

- The enrolment checklist for children at risk of Anaphylaxis is completed
- 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.
- The child's Anaphylaxis Action Plan is visible to all Educators and displayed clearly in the child's room
- This action plan is followed in the event of an allergic reaction which may progress to anaphylaxis
- Where a child who has not been diagnosed as allergic, but appears to be having anaphylactic reaction the following action will be taken:
  1. An ambulance is called immediately 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
- Auto Injector Device administration procedures using an Auto Injector Device trainer and 'Anaphylaxis scenarios' are practised on a regular basis, at least annually.
- As part of the enrolment procedures, prior to a child attending the centre, any allergies will be documented on the child's record.
- Parents/guardians provide anaphylaxis action plan signed and/or stamped by the child's doctor and a complete Auto Injector Device kit when the child attends the service.
- 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 that the child attends.
- The Auto Injector Device expiry date is regularly checked. (The manufacturer of the kit will only guarantee the effectiveness of the Auto Injector Device to the end of the nominated expiry month.)
- Information is provided to the service about allergies and Anaphylaxis.

### **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 child has food provided by parents from home as agreed with the ECMS Nominated Supervisors and Food Nominated Supervisors).
- Ensure all carers and relievers are aware of the children with specific food allergies and the emergency management plan.
- Discourage parents from bringing in food.
- Use of canola, olive oil or vegetable oils.
- If containers are brought into service from parents (e.g. ice cream or margarine or butter) they must be re-washed thoroughly before use. Do not assume they have been washed correctly. Check boxes brought in by parents - do not use boxes that have had nut products in them (e.g. Egg cartons, fruit and nut, cornflakes etc) as there may be some residue left.

- Use of chemical based products such as shaving creams and Lux flakes only after checking ingredients or ringing the manufacturer if uncertain.
- Use of Sunscreen only to be used after checking label for ingredients or ringing manufacturer - may contain peanut oil.
- Use of Face paints after checking label for ingredients or ringing manufacturer.
- Birthday cakes brought into ECMS must be in line with the food policy.
- Ensure tables and bench tops 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.

### **Anaphylactic child**

- It is parent's responsibility to notify ECMS of children's allergies, reactions and treatment.
- Following identification of children with allergies, parents must complete an Allergy/Dietary Requirements form and an Action Plan for Anaphylaxis 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.

### **An In-Date Auto Injector Device must be left at the ECMS service at all times (provided by parents)**

The labelled Auto Injector Device must be placed in a small insulated container:

- Clearly marked with the child's name
- Containing 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 - what to say etc.
- Parents must replace the Auto Injector Device before expiry date. This is the parent's responsibility.
- Child's doctor must complete Medical Management Plan for Anaphylaxis Form.

### **What to do if a Reaction Occurs**

- If a child shows signs and symptoms of Anaphylaxis, it is important to react quickly.
- If in any doubt give Auto Injector Device, according to directions.
- Keep used Auto Injector Device for ambulance.
- Ring ambulance (even if child seems to have recovered it is important that they go to hospital as they can have a delayed reaction)
- The first person you speak to will not be medically trained, so state clearly the problem. Say "WE HAVE A CHILD WITH A LIFE THREATENING ALLERGY REQUIRING ADRENALIN AND A MICA AMBULANCE".
- Stay with the child
- The nominated supervisors or educator to go to hospital with child
- Ring parents; inform them of incident and which hospital the child has been taken to.
- Think about what is happening and write down reactions, look at clock to see time it happened, how long a reaction took to happen, what were the symptoms, how they responded to Auto Injector Device etc.

### **How to administer the Auto Injector Device - the Auto Injector Device auto-injector**

- Administer into thigh only
- Take cap off
- The black part of the Auto Injector Device must go into the child's leg

- Keep your thumb out of the way; hold the Auto Injector Device with your fingers and thumb around it – to minimise the risk of injecting yourself
- With the other hand pinch the flesh together to ensure you have muscle to inject into.
- Inject into the fleshy part of the thigh, halfway along the thigh
- The Auto Injector Device is only a single dose so you must get it right the first time
- Restrain the child. This may require two people, one to hold the child, one to administer the injection. Do not be concerned with how hard you hold the child down to restrain them - save their life first.
- Push the Auto Injector Device in VERY firmly or it will not work
- Hold the injection in for 10 seconds, count to ten as a guide.
- Do not pull the Auto Injector Device out to see if the needle has been activated.
- The child will be pain from both the injection and the force with which it is administered.
- After removing the Auto Injector Device massage the site of the injection - wear gloves in case of blood.
- Note the time of the Auto Injector Device injection
- In the container the Auto Injector Device is stored in keep:
  - Disposable gloves
  - The Auto Injector Device
  - A pen and notebook
  - Permanent marker

Refer to:

**Appendix 1 [Anaphylaxis Medical Management Plan](#)**

Policy Created Date	July 2014, Reviewed July 2016
Policy Review Date	September 2018
Sources and Further Reading	The Asthma Foundation of Victoria <a href="http://www.asthma.org.au">www.asthma.org.au</a> Anaphylaxis Australia The Australasian Society of Clinical Immunology and Allergy (ASCIA) Department of Education and Early Childhood Development, model policy 2008 Education and Care Services National Regulations 2011 Reg 168, 94
Related to NQS Q.A	2.1.1, 2.1.4 and 2.3.3