

Anaphylaxis Procedure

Procedure – anaphylaxis emergency management (undiagnosed)

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 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.

Procedure – anaphylaxis emergency management (diagnosed)

Where a child who has been diagnosed and appears to be having an anaphylactic reaction it is important to act quickly and:

1. Follow the child’s anaphylaxis management plan that may include:
 - a. If in any doubt give auto-injector device, according to directions
 - b. Keep used auto-injector device for ambulance
 - c. Ring ambulance (even if child seems to have recovered it is important that they go to hospital as they can have a delayed reaction)
 - d. 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 ADRENALIN AND A MICA AMBULANCE’
2. Stay with the child
3. The nominated supervisors or Educator to go to hospital with child
4. Ring parents; inform them of incident and which hospital the child was taken to

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5. 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.
6. Complete an Incident, Injury, Trauma, Illness report and submit this to the Compliance desk within 2 hours of the incident occurring.

Procedure – administration of the auto-injector device

- Take cap off
- Administer into thigh only
- 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
- Reassure the child. This may require two people, one to hold and comfort the child, one to administer the injection. If you need to hold the child, do this around the shoulders. You must keep the chest, stomach and abdomen area clear
- Push the auto-injector device in VERY firmly or it will not work
- Hold the injection in for 10 seconds, count to 10 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 be sure to keep:

- Disposable gloves
- The auto-injector device
- A pen and notebook
- Permanent marker.

Procedure – qualification and service requirements

ECMS requires:

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- 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 practised on a regular basis, at least annually. This information is to be kept on staff records
- Information is provided to the service about allergies and anaphylaxis.

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 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 service's Dealing with Medical Conditions Policy and the relevant medical policy to the child's medical condition (e.g. anaphylaxis, epilepsy, asthma, diabetes)
- The enrolment checklist for children at risk of anaphylaxis is completed
- Following identification of children with allergies, parents must complete an Allergy/Dietary Requirements form and an ASCIA 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.
- 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). 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

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- 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.
- 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
- 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.

Procedure – monitoring and storage of auto-injector devices

- 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).

Procedure – 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

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- 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.

[Anaphylaxis Medical Management Plan](#)

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