

7.11 (c) Action Plan for Severe Allergy (Anaphylaxis) Policy

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Reviewed by: Child Care Team

This policy relates to	
National Quality Standards Early Childhood Education & Care	2.1 Each child's health and physical activity is supported and promoted. 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

Purpose

The service will facilitate effective care and health management of children with a severe allergy and ensure that an action plan and emergency plan is in place for all children identified with this condition.

Policy

A child demonstrating symptoms of allergy or anaphylaxis should not be in care. If a child demonstrates any symptoms of an allergic reaction while in care, the educator should contact the parents to collect the child immediately or, call an ambulance. Care is able to recommence with medical clearance.

Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens or trigger substances that may cause anaphylaxis in children are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and certain medications.

Children known to have anaphylaxis are required to have a signed action plan from their doctor with an accessible copy at the educator's home for emergency purposes.

Symptoms and signs of a mild to moderate allergic reaction

A mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth;
- Hives, welts or body redness;
- Swelling of the face, lips, eyes;
- Vomiting, abdominal pain.

Symptoms and signs of anaphylaxis

Anaphylaxis may include one or more of the following:

- Difficulty and/or noisy breathing;
- Swelling of the tongue;
- Swelling or tightness in the throat;
- Difficulty talking or hoarse voice;
- Wheeze or persistent cough;
- Dizzy/light-headed;
- Loss of consciousness and/or collapse;
- Pale and floppy (young child).

Managing Anaphylactic Reactions (Severe Allergy)

Urgent action is required including:

- Follow the child's emergency action plan or if there is no action plan for the child treat the situation as an emergency and call 000;
- If the action plan indicates the use of an adrenaline auto injector (EpiPen), administer the EpiPen;
- Seek urgent medical assistance - call an ambulance 000 (advise the dispatcher that the medical condition is anaphylaxis);
- If unconscious and no pulse is evident, commence CPR and continue until ambulance arrives;
- Maintain airway, breathing and circulation at all times;
- Contact parents, service;
- Maintain close observation for possible relapse while waiting for ambulance or medical assistance.

Role of the educator

- To ensure that children who have anaphylaxis have an up to date action plan;
- The action plan is clearly accessible as well as the medication or EpiPen but still out of reach of children (should not be locked in a cupboard as this delays access in an emergency);
- Ensure that the medication/EpiPen has been replaced prior to expiry and/or after it has been used;
- Educators ensure that children avoid exposure to food they are allergic to; this is the only way to manage a food allergy. This means avoiding exposure at all times – mealtimes, during cooking and craft activities;
- Children with food allergies must be closely supervised at meal times and snack times;
- The role of the educator is to ensure that parents have provided and EpiPen (or equivalent) that remains at the educator's service for the entire period while the child is enrolled with that educator;
- Parents must ensure that Action Plans are current and updated regularly;
 - Copies of Action Plans must be given to the educator and the service.
- Educators are required to obtain current training in Management of Anaphylaxis every 3 years;
- Approved Anaphylaxis Management Training courses carry the specific codes (available at <http://acecqa.gov.au/>).

Regulations allow an exception to authorisation requirements where there is anaphylaxis or asthma emergency:

- 94 (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable (a) parent of the child (b) emergency services.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010 Section 167,173 Education and Care Services National Regulations 2011
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
90 Medical conditions policy
91 Medical condition policy to be provide to parents
92 Medication record
93 Administration of medication
94 Exception to authorisation requirement- anaphylaxis or asthma emergency
95 Procedure for administration of medication
96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolment and other documents to be kept by approved provider
178 Prescribed enrolment and other documents to be kept by family day care educator.

National Quality Framework 2011

Key Resources

www.education.qld.gov.au/schools/healthy

www.allergyfacts.org.au/

<http://education.qld.gov.au/schools/healthy/docs/anaphylaxis/guidelines/for/queensland/state/schools.pdf>

www.allergy.org.au/content/view/31/258/