



Springwood and District Preschool Kindergarten

Medical Conditions Anaphylaxis/Allergy/Allergy Medical Action Management Policy

Legislation:

Education and Care Services National Law Act 2010
Education and Care Services National Regulation 2018
United Nations Convention on the Rights of the Child 1989
Occupational Health and Safety Act 2000
Health Records and Information Privacy Act 2002
Civil Liabilities Act 2002
Employees Liability Act 1991
Disability Discrimination Act 1992
Anti Discrimination Act 1977
Information Privacy Act 2000

QUALITY AREA 2. CHILDREN'S HEALTH & SAFETY

National Regulations 2018

- 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

Other Related I Regulations 2018: Regulations 12, 77, 85–87, 89, 103, 136–7, 177, 183

Education and Care Services National Law Act 2010: Sections 173, 174(2)

Occupational Health and Safety Regulations 2007

Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces

Policy Statement

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that Educators will act in the best interests of the children in their care



at all times; meet the children's individual health care needs; maintain continuity of medication for their children when the need arise.

- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- Collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child;
- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- All families are provided with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan;
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;
- All staff are adequately trained in the administration of emergency medication.

Rationale:

Anaphylaxis/Allergy is a severe and life threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings and some medication.

Springwood and District Preschool Kindergarten believes that the safety and well being of children, including children who are at risk of Anaphylaxis/Allergy, is a whole community responsibility. Springwood and District Preschool Kindergarten is committed to providing a safe and healthy environment in which children at risk of Anaphylaxis/Allergy can participate equally in all aspects of the program. Springwood and District Preschool Kindergarten is also committed to raising awareness of allergies amongst the preschool community and being actively involved in assessing risks and developing risk minimisation strategies in conjunction with families.

Aim:

- To minimise the risk of an anaphylactic reaction occurring while children are at Springwood and District Preschool Kindergarten
- To ensure educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.
- To raise the Springwood and District Preschool Kindergarten community's awareness of Anaphylaxis/Allergy and its management through education and policy implementation.
- To comply with the legislative requirements of the Education and Care Service National Regulations legislation, Division 3 – Medical conditions policy and Division 4 – Medications procedure.

Procedure:

- Ask all parents as part of the enrolment procedure (see Enrolment Policy), prior to their child's attendance at Springwood and District Preschool Kindergarten whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents to provide a medical management action plan signed by a Registered



Medical Practitioner.

- Develop and follow an enrolment checklist when enrolling children at risk of Anaphylaxis/Allergy (see Attachment 1)
- Ensure parents/guardians of the child diagnosed at risk of Anaphylaxis/Allergy are provided with a copy of this *Medical Conditions Anaphylaxis/Allergy Management policy*.
- Display an ASCIA (Australasian Society of Clinical Immunology and Allergy) general poster called *Action Plan for Anaphylaxis/Allergy* and emergency numbers in key locations at Springwood and District Preschool Kindergarten (see Attachment 2)
- Ensure that parents provide an *Anaphylaxis/Allergy Medical Management Action Plan* signed by the child's Registered Medical Practitioner and a complete auto-injection device (EpiPen®) kit (which must contain a copy the child's Anaphylaxis/Allergy medical management action plan) while the child is present at preschool.
- Locate an easy administration instruction poster with the device (EpiPen®) and follow the 2018 updated instruction that being
 - *-Reduced injection time from 10 to 3 seconds – this is based on research confirming delivery of adrenaline through the 3 second delivery time.*
 - *Removal of the massage step after the injection – this has been found to reduce the risk of irritation at the injection site.*
- Display a copy of the child's *Anaphylaxis/Allergy Medical Management Action Plan* in key locations, discussed with the at risk child's parents, at Springwood and District Preschool Kindergarten (See Attachment 3)
- Follow the child/ children's *Anaphylaxis/Allergy Medical Management Action Plan* in the event of an allergic reaction which may progress to Anaphylaxis/Allergy.
- Ensure that the auto-injection device (EpiPen®) kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Educators will practice adrenaline auto-injection device (EpiPen®) administration procedures using an EpiPen® trainer and "Anaphylaxis/Allergy scenarios" on a regular basis, preferably quarterly.
- Ensure that the auto-injection device (EpiPen®) kit containing a copy of the *Anaphylaxis/Allergy Medical Management Action Plan* for each child at risk of Anaphylaxis/Allergy is carried by an educator accompanying the child when the child is removed from the preschool, e.g. on excursions that this child attends (see Excursion Policy).
- The preschool is to purchase each year a spare adrenaline auto-injection device (EpiPen®) which will also be stored in the Allergy bag, in case the need arises in an emergency.
- Regularly check the adrenaline auto-injection device (EpiPen®) expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
- Ensure that at all times at least one educator at Springwood and District Preschool Kindergarten, whether or not there is a child diagnosed at risk of Anaphylaxis/Allergy attending Springwood and District Preschool Kindergarten is present at all times
- Complete an assessment of the potential for accidental exposure to allergens while children at risk of Anaphylaxis/Allergy are at preschool and develop a *Risk Minimisation Plan* (see Attachment 4) for the preschool in consultation with educators and the families of the child/children. Follow this *Risk Minimisation Plan – this forms part of this Medical Conditions Anaphylaxis/Allergy Management Policy*.
- Ensure that a notice is displayed prominently in the main entrance of Springwood and District Preschool Kindergarten stating that a child diagnosed at risk of Anaphylaxis/Allergy is being



educated at Preschool

- Brief all relief educators on symptoms of an anaphylactic reaction, the child at preschool who is at risk of Anaphylaxis/Allergy, the child's allergies, Anaphylaxis/Allergy management plan and EpiPen® kit. If the relief educator is not trained in Anaphylaxis/Allergy management then the Director will ensure that at least one educator trained in Anaphylaxis/Allergy management is present at the service and aware they are responsible for the administration of the EpiPen® in an emergency. If this is not possible then the parents/ guardians must be informed of the situation before a child at risk of Anaphylaxis/Allergy is left at Preschool.
- Ensure that no child who has been prescribed an EpiPen® is permitted to attend preschool without that EpiPen®.
- Develop a *Communications Plan* for educators to ensure all are informed about the medical conditions policy and risk minimisation plan for the child.
- Develop a *Communications Plan* for the parents to ensure any changes to the medical management plan and risk management plan for their child at preschool is communicated efficiently and effectively.
- As children bring food to Springwood and District Preschool Kindergarten develop a *Communications Plan* for Springwood and District Preschool Kindergarten families to communicate specific procedures that need to be followed to minimise the exposure to known allergens, this will include requesting the food not to be sent to preschool which contains the major sources of the allergens such as peanut and nut products, whole egg and chocolate as well as packaging of risk foods such as cereal boxes and egg cartons. New requests to be sent if food allergens of at risk children change. Springwood and District Preschool Kindergarten maintains a NUT AND CHOCOLATE FREE ENVIRONMENT at all times as a commitment to minimising anaphylactic reaction risk. Parents will be informed of this at enrolment time and a sign displayed in the foyer as a reminder.
- Ensure that all educators know the location of the *Anaphylaxis/Allergy Medical Management Action Plan* and that a copy is kept with the auto-injection device (EpiPen®)
- 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 by dialing 000.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted (See Attachment 5 for Allergic Reactions Action Plan)
- Provide information to the preschool community about resources and support for managing allergies and Anaphylaxis/Allergy.
- Inform all visitors into Springwood and District Preschool Kindergarten of safe food practices and strategies to reduce the risk of allergic reactions.

Links to Quality Areas and Standards:		
Quality Area 2		Children's Health and Safety
Standard	2.1	Each child's health and physical activity is supported and promoted.
Standard	2.3	Each child is protected.
Quality Area 4		Staffing Arrangements
Standard	4.1	Staffing arrangements enhance children's learning and development
Standard	4.2	Management, Educators, co-ordinators and staff members are respectful and ethical.



Quality Area 6		Collaborative partnerships with families and communities
Standard	6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
Standard	6.1.2	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
Quality Area 7		Governance and Leadership
Standard	7.1	Governance supports the operation of a quality service.
Standard	71..2	Systems are in place to manage risk and enable the effective management and operation of a quality service.
Standard	7.2	Effective leadership builds and promotes a positive organisational culture and professional learning community.

Source:

Anaphylaxis/Allergy Australia Inc. at www.allergyfacts.org.au
 Australasian Society of Clinical Immunology and Allergy (ASCI), at www.allergy.org.au.
 Arthur, L., Beecher, B., Death, E., Dockett, S., & Farmer, S. (2008) *Programming and Planning in early childhood settings (3rd ed.)* Victoria:Thomson
 Community Child Care Co-operative (NSW)- Environmental Sustainability
 Department of Education, Employment and Workplace Relations (DEEWR) (2009) *Belonging, Being, Becoming: The Early Years Learning Framework for Australia*. Canberra:DEEWR
 Department of Education, Employment and Workplace Relations (DEEWR) (2011) *Education and Care Services National Regulation*
 Department of Education, Employment and Workplace Relations (DEEWR) (2009) *National Quality Standard for Early Education and Care and School Aged Children* Canberra:DEEWR
 Department of Human Services. 2006. *Anaphylaxis/Allergy Policy*.
www.dhs.vic.gov.au/earlychildhood
 National Health and Medical Research Council. (2005) *Staying healthy in Child Care* 4th ed
 NSW Health. Guidelines for Children's Services 2007. Anaphylaxis/Allergy
www.health.nsw.gov.au/factsheets/general/allergies.html
www.community.nsw.gov.au/DOCSWR/assets/main/documents/ANAPHYLAXIS/ALLERGY_GUIDE_LINES.PDF

Policy Reviewed by: _____ Approved by: _____

Signature: _____

Date: ____/____/____ Date: ____/____/____

Next Review Date: ____/____/____



APPENDIX 1: Enrolment Checklist for Children at Risk of Anaphylaxis/Allergy

Thorough details of the allergens of the child at risk are collected	
A risk minimisation plan is completed, which includes strategies to address the particular needs of the child at risk of Anaphylaxis/Allergy, and this plan is implemented	
Parents of the child at risk of Anaphylaxis/Allergy have been provided a copy of Springwood and District Preschool Kindergarten's Medical Conditions – Anaphylaxis/Allergy Management Policy	
All parents are made aware of the Medical Conditions – Anaphylaxis/Allergy Management Policy	
An Anaphylaxis/Allergy Action is received for the child, is signed by the child's Doctor and is visible to all staff	
An EpiPen® (within expiry date) is available for use at any time the child is at Springwood and District Preschool Kindergarten	
An EpiPen® is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat	
All educators, including relief educators, are aware of each EpiPen® kit location	
Educator's have had recent Anaphylaxis/Allergy management training	
Springwood and District Preschool Kindergarten's Emergency Action Plan for the management of Anaphylaxis/Allergy is in place and all educators understand the plan	
The parent's current contact details are available	
Information regarding any other medication or medical conditions of the child is available for educators	



ATTACHMENT 2 – GENERAL ACTION PLAN FOR ANAPHYLAXIS/ALLERGY



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

How to give EpiPen® or EpiPen® Jr

1



Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.

2



PLACE BLACK END against outer mid-thigh (with or without clothing).

3



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

4



REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

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MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1-5 years)
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION


- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit**
- 2 Give EpiPen® (or EpiPen® Jr if aged 1-5 years)**
- 3 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Contact family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.



ATTACHMENT 3 – CHILD SPECIFIC ANAPHYLAXIS/ALLERGY ACTION PLAN



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____


Plan prepared by: _____

Dr _____

Signed _____


Date _____

How to give EpiPen® or EpiPen® Jr




1

Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.




2

PLACE BLACK END against outer mid-thigh (with or without clothing).



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



4


REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed)
dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Contact family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____



ATTACHMENT 4: Risk Minimisation Plan**Risk Minimisation Plan/ Checklist for Anaphylaxis/Allergy**

Springwood and District Preschool Kindergarten		
Planning for meeting the needs of children with allergies who are at risk of Anaphylaxis/Allergy?		
Who are the children?	<ul style="list-style-type: none"> List the names and room locations of each of the at risk children 	
What are they allergic to?	<ul style="list-style-type: none"> List the know allergens for each of the at risk children List potential sources of exposure to each know allergen and strategies to minimise the risk of exposure. This will include requesting certain food / items not be brought into Springwood and District Preschool Kindergarten 	
Identification	<ul style="list-style-type: none"> List the strategies for ensuring that all educators, including relief educators, recognise each of the at risk children Confirm where each child's <i>Anaphylaxis/Allergy Medical Management Action Plan</i> (including the child's photograph) will be displayed 	

Families at Springwood and District Preschool Kindergarten		
Do families and staff know how the service manages the risk of Anaphylaxis/Allergy?		
<ul style="list-style-type: none"> Record when each family of an at risk child is provided with a copy of Springwood and District Preschool Kindergarten's Medical Conditions Anaphylaxis/Allergy Management Policy 		
<ul style="list-style-type: none"> Record when each family member provides a complete EpiPen® kit 		
<ul style="list-style-type: none"> Ensure that all educators, including relief educators know where the EpiPen® kit is kept for each at risk child 		
<ul style="list-style-type: none"> Regularly check the expiry dates of each EpiPen® - undertaken and recorded by a nominated educators and the families of each at risk child 		
<ul style="list-style-type: none"> Regularly communicate (written and verbal) with all families requesting that specific procedures be followed to minimise the exposure to know allergens. As children bring food to preschool, this will include requesting the food not to be sent to preschool that contain the major sources of the allergens such as peanut and nut products, whole egg and chocolate as well as packaging of risk foods such as cereal boxes and egg cartons. New requests to be sent if food allergens change. 		
<ul style="list-style-type: none"> Provide Medical Conditions Anaphylaxis/Allergy Management Policy to families highlighting no child who has been prescribed with an EpiPen® is permitted to attend preschool without that EpiPen® 		
<ul style="list-style-type: none"> Display the generic ACSIA poster Action Plan for Anaphylaxis/Allergy in key locations and accompanied by emergency numbers 		



- Take EpiPen® kit on all excursion out of preschool

Educators at Springwood and District Preschool Kindergarten

Do educators know how Springwood and District Preschool Kindergarten aims to minimise the risk of a child being exposed to an allergen?

- Brainstorm potential exposure situations and develop strategies, including who is responsible for implementing them, e.g.-
 - Food in other children's lunch boxes – DAILY CHECKS AT EACH FOOD TIME BY ALL EDUCATORS PRESENT. Removal of risk foods with explanation to child. Communication of risk to parents of both at risk child and child who brought the risk food
 - Party or celebration – REMINDER BEFORE CELEBRATIONS OF RISKS FOOD NOT ALLOWED AT PRESCHOOL. 'Safe treat box provided by parents for the 'at risk' child if appropriate
 - Insect allergy stings – decrease number of insect attracting plants, ensure at risk child wear shoes, keep lids on garbage bins, remove insect nests when discovered
 - Latex allergies – avoid contact with party balloons and latex gloves
- Use hygiene procedures and practices to minimise the risk of contamination of surface, food utensils and containers by food allergens
- Consider the safest place for the at risk child to consume food while ensuring they are socially included in all experiences
- Develop procedures for ensuring that only food from the child's own lunch box is consumed by the at risk child
- Ensure all children and educators wash their hands upon arrival at preschool and before and after eating
- Lunch boxes and other food containers must be clearly labelled with children's names
- Ensure there is no trading or sharing of food at any time
- Consider the use of foods in craft, cooking experiences and science experiments – restrict these depending on the allergies of the at risk children
- Consider measures necessary to prevent cross contamination, in Springwood and District Preschool Kindergarten case, this would be careful cleaning of all areas and utensils used after craft, cooking or science experiments
- Keeping Springwood and District Preschool Kindergarten well maintained indoors and outdoors. Keeping grassed areas mown, keeping plants well maintained. Reduce plants that may attract stinging insects.
- Inform all visitors into Springwood and District Preschool Kindergarten of safe food practices and strategies to reduce the risk of allergic reactions



APPENDIX 5 – ALLERGIC REACTIONS ACTION PLAN



ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by:

Dr

Signed

Date

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens. For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

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MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed) dose:
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult, allow to sit**
- 2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 3 Contact family/emergency contact**

Additional information

