

## Medical Conditions - Allergy and Anaphylaxis Management

### Introduction

The BOOSH Centre will ensure that families and The BOOSH Centre staff will work together to ensure an 'allergy aware' environment for the children. It is therefore important that The BOOSH Centre takes responsibility for ensuring that appropriate allergy management strategies are implemented within the environment. This includes supporting staff in their duty of care to ensure that they have the current skills and knowledge to manage allergies effectively within the service, minimise its impact, and promote best practice allergy management strategies to parents.

### Objectives

The BOOSH Centre will ensure that a safe environment exists for all children where potential allergens will be identified and a risk minimisation plan will be created in consultation with the parents. The risk minimisation plan will detail the risk minimisation and prevention strategies, triggers and known allergens for each child at risk, with an aim to prevent an allergic or anaphylactic reaction occurring while the child is under the care of The BOOSH Centre.

The risk minimisation plan will contain a communication plan, which includes strategies for advising educators, students and parents about how to respond to an anaphylactic reaction by a child in various situations. It will also include procedures to inform volunteers and educators of children with a medical condition, including allergies and the potential for anaphylactic reaction, and their role in responding to an anaphylactic reaction of a child in their care.

Educators will monitor and maintain a clean and safe environment to minimise risk of potential exposure to allergens. . Educators will be familiar with the Allergy and Anaphylaxis Individual Risk Minimisation and Communication Plans, Australian Society of Clinical Immunology and Allergy (ASCI) Action Plans for Allergic Reactions and/or Anaphylaxis, as well as the location of the Epipen/Anapen and/or relevant medication. Educators will be confident in responding to children suffering an allergic/anaphylactic reaction and will be trained in allergy and anaphylaxis management.

Children who have been diagnosed with allergies and/or anaphylaxis by a general practitioner or specialist, as notified to The BOOSH Centre by the parents/guardians, will receive appropriate care and management of their allergy symptoms

## Service Implementation

- Upon Enrolment parents/guardians of children with known allergies and/or anaphylaxis *must* provide an ASCIA Action Plan for Allergies and/or An ASCIA Action Plan for Anaphylaxis to The BOOSH Centre.
- Educators will conduct an assessment of the learning environment and identify the potential for accidental exposure to allergens and develop a risk minimisation plan.
- Educators and families will work together to reduce the presence and potential exposure of allergens in The BOOSH Centre environment.
- A minimum of one staff member who has completed ACECQA approved Allergy and Anaphylaxis Training must be on duty at all times.
- Educators and management will work collaboratively to promote an allergy aware environment.
- Staff Orientation Procedures will ensure that all educators including new and casual staff will be aware of all children in the service who have known allergies/anaphylaxis and where to find this information. Orientation will also familiarise staff with the placement of ASCIA Action Plans and medication/Epipens for dealing with an allergic reaction or anaphylaxis.
- Educators, including those who are new or casual, will be made familiar with the service Allergy and Anaphylaxis Management Policy.
- The Nominated Supervisor will be required to ensure an in date Epipen is kept on the premises.
- Educators will minimise accidental exposure to a food contaminated with an allergen.
- The BOOSH Centre will exclude nut products from food provided and remind parents/guardians of all that attend, that nut products must not be brought to or consumed at the centre.
- Educators and children will wash their hands upon arrival at The BOOSH Centre and before and after times where food is prepared, served or eaten.
- Educators will review policy, resources and emergency procedures regularly at staff meetings.
- All parents/guardians completing the enrolment form for a child to attend The BOOSH Centre must agree to the *Education and Care Services Regulation 94- Exception to authorisation requirement – anaphylaxis or asthma emergency* which states that medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

## Planning

Managing allergies in The BOOSH Centre will impact on the operational requirements of the service. First Aid and allergy training, enrolment procedures, menu planning, excursions, emergency procedures and communication with families are all considerations.

The Nominated Supervisor will ensure that families provide all necessary information and documentation with regard to potential allergies.

In collaboration with families, the service will develop a plan for minimising potential risks for individual children attending The BOOSH Centre. Families will consult with staff and advise the service when a child has been diagnosed by a medical practitioner as allergic or having had or being at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the child is already enrolled, as soon after diagnosis as possible.

The Nominated Supervisor will ensure that families complete and return the necessary documentation:

- The BOOSH Centre Enrolment Form including an authorisation for the Administration of Medication and Medical Procedures
- An ASCIA Action Plan for Anaphylaxis or Allergic Reactions developed and signed by a medical practitioner. This will accompany the enrolment documentation and will be reviewed annually or when changes to a child's allergy status occur.

An ASCIA Action Plan for Allergic Reactions or an ASCIA Action Plan for Anaphylaxis will include:

- The child's name
- Date of birth
- A photograph of the child
- Confirmed allergies
- Emergency contact details
- Clear instructions on treating an allergy or anaphylactic episode

A copy of the ASCIA Action Plan for Anaphylaxis will be kept with the relevant medication at all times so that the plan is always at the scene of an emergency along with the medication.

Educators will ensure the provision of in date prescribed allergy or anaphylaxis medication for excursions. Educators will regularly check the prescribed medication expiry date. An expired EpiPen/Anapen will not be as effective when used – but should be used in preference to not using one at all. An ASCIA Action Plan for Allergic Reactions does not need to be displayed but must be accessible in the learning environment. All educators will be aware of the children with allergies and the location of the individual allergy action plans.

Educators, in consultation with families, will make a decision as to where a child's ASCIA Action Plan for Anaphylaxis will be displayed in the centre. Families may be sensitive to personal health information being on display. Educators will communicate to families the importance of all staff, other families and visitors to the service being aware that a child is at risk of anaphylaxis if exposed to an allergen. The service will display a notice stating that children who have been diagnosed as at risk of anaphylaxis are enrolled at the service.

The ASCIA Anaphylaxis Action Plan must be immediately accessible to staff and others if an emergency response is necessary for an anaphylactic reaction.

In the case where a child only attends vacation care or casually, parents will be required to hand the EpiPen or medication directly to a Responsible Person.

The EpiPen/Anapen will be stored safely in an easily accessible location to staff and inaccessible to children. The EpiPen/Anapen will be labelled with the child's name and stored in an enclosed container in a location known by all staff.

## **Meal Times**

As the BOOSH Centre prepares food for the children each day, the following should be considered:

- Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply food containing the allergen for their own children. While the centre will endeavour to provide a menu with alternative options, families of children with an allergy may be asked to supply alternate food for their children while they are at the centre.
- Staff involved in food preparation of meals and snacks will be trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food.
- Meals containing foods/ingredients that are labelled 'may contain traces of...' may be served to children – families will be required to identify specifically if their child can consume products which 'may contain' an allergen.
- Staff may source nutritionally equivalent substitutes for potential allergens in recipes and food preparation, e.g. egg substitute.
- Individual risk minimisation plans will be devised for children with allergies and used to support staff in managing potential risks associated with children with Allergy and/or Anaphylaxis and food intolerances, where applicable.
- Where it is necessary for other children to consume the particular allergen, the food allergen will be kept separate from the other food that the child with the allergy will consume and the food will be treated with different utensils to avoid cross-contamination. Furthermore, the child with the food allergy will collect/be provided with their food prior to or separately from children without diagnosed allergens to reduce risk of cross-contamination. If necessary, the children may be seated separately during meal times. All children will be reminded to wash their hands before and after eating and food handling and not to share food.

## Excursions

When children leave the service, all children are allocated to an Excursion group. The Educator that is the leader for that group must ensure the following steps are followed for any child in their group that has a diagnosed risk Anaphylaxis or Allergy which requires an ASCIA action plan:

- Identify the children with a diagnosed risk of Anaphylaxis or Allergy
- Collect and sign for the child's ASCIA action plan and medication
- Carry the ASCIA action plan and medication in their bag
- Upon return to the service return the ASCIA action plan and medication and sign that this has been completed

## Anaphylactic Reaction

Food allergy reactions almost always occur from eating the food or touching the mouth with contaminated hands, utensils and toys. Reactions can vary and cause distress to the child.

A reaction can occur within minutes of eating and/or touching the food and rapid progression of symptoms over 10-20 mins is common, with severe reactions.

The signs and symptoms of anaphylaxis may include:

- Difficulty breathing, noisy breathing
- Difficulty talking, hoarse voice
- Swelling, tightness of the throat

- Wheezing or persistent cough
- Paleness and floppiness
- Collapse or unconsciousness

A severe allergic reaction can also be caused by bee, wasp and ant stings.

Latex gloves can be a hazard to children with specific latex allergy and reactions may occur to antibiotics and other drugs.

Where a child has an identified allergy and appears to be having an anaphylactic reaction, educators will follow the child's individual Action Plan for Anaphylaxis.

If a child suffers from an anaphylactic reaction, one staff member should call an ambulance while another responds to the child. If an EpiPen/Anapen is used in responding to an anaphylactic reaction, educators will note the time of administration, place it into its secure container and give to the ambulance crew.

The EpiPen/Anapen will be stored safely in an easily accessible location to staff and inaccessible to children. The EpiPen/Anapen will be labelled with the child's name and stored in an enclosed container in a location known by all staff.

A child with asthma who is also at risk of anaphylaxis, should be given the adrenaline autoinjector first, followed by asthma reliever medication. A designated staff member will call an ambulance while the First Aider continues asthma First Aid and follows the instructions on the ASCIA Action Plan for Anaphylaxis.

Staff will immediately notify the family in the event of an anaphylactic reaction.

An additional EpiPen/Anapen will be supplied by, and stored securely at the centre.

The staff will review the response to an anaphylactic reaction and refine the policy and risk minimisation strategies where necessary.

Where a child has no identified allergy but appears to be having an anaphylactic reaction, staff will follow the general ASCIA Action Plan for Anaphylaxis:

- Lay the child flat – if breathing is difficult, allow the child to sit. Do not allow the child to stand or walk
- Administer the EpiPen or Anapen to the child
- Call an ambulance immediately
- Commence first aid
- Contact parent/authorised nominee
- Contact emergency contact if parent/authorised nominee are non-contactable

Following the response and recommended treatment from the ambulance staff, staff will complete *The BOOSH Centre – Incident, Injury, Trauma and Illness record* and the *Administration of Medication Record*.

### **Parents/Guardians and carers responsibilities**

Parents/Guardians must:

- Inform staff, in writing on enrolment or on initial diagnosis if their child has a history / diagnosis of allergy/anaphylaxis.
- Provide all relevant information regarding their child's allergy management through completion of the ASCIA Action Plan for Allergies and/or Anaphylaxis
- Notify the service of any changes to their child's allergy management and update this information on their child's relevant service documents.
- Provide the service with an adequate supply of the child's appropriate medication (epipen/antihistamines etc) in original container, clearly labelled with the child's name, medication dose, frequency, method of administration, and medication expiry date.
- Ensure their child's allergy medication is replaced prior to the expiry date.
- Notify the service of known allergy triggers including minimisation strategies.