

POLICY: 4.4 MEDICAL CONDITIONS

Procedure: 4.14 Anaphylaxis Management

More and more incidences of children experiencing an anaphylactic reaction are occurring across our community. This procedure provides Educators and staff with guidance on how to ensure the safety of and respond effectively to a child diagnosed by a medical practitioner as being at risk of anaphylaxis.

4.14.1 Linking to Policy

This procedural guidance should be read in conjunction with the service **4.4 Medical Conditions Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assitants and parents to implement the policy. The procedure covers:

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4.14.2 Limitations

It is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the Service recognises the need to adopt a range of procedures and risk management strategies to reduce the risk of a child having an anaphylactic reaction.

4.14.3 Signs and Symptoms

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. It usually occurs rapidly after exposure to a food, insect, or medicine to which a person may already be allergic. Anaphylaxis must always be treated as a medical emergency and requires immediate treatment with adrenaline.

The most severe form of allergic reaction is an anaphylactic shock when the blood pressure falls dramatically, and the patient loses consciousness. This is rare among young children below the teenage years. More commonly among young children, there may be swelling in the throat, which can restrict the air supply or result in severe asthma. Any symptoms affecting breathing are serious.

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in the throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

Allergy: An immune system response to something that the body has identified as an allergen.

Allergic reaction: A reaction to a common allergen. Common signs and symptoms include one or more of the following, but not limited to;

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

Epi/Ana Pen Kit: An insulated container containing a current Epi/Ana Pen, a copy of the child's Action Plan, telephone details for the child's parent's/guardians, the doctor/ medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed, an antihistamine may be included in the kit.

Epi/Ana Pen: A device containing a single dose of adrenaline, delivered via a spring activated needle.

Medical Management Plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan. The plan is reviewed at least annually

4.14.4 Medical Management Plan

Any Medical Management (ASCIA Action) Plan provided by a child's parents and/or registered medical practitioner. This Plan should detail:

- The child's personal information
 - The Medical Practitioner's details
 - The medical condition and symptoms
 - If relevant, state what triggers the allergy or medical condition
 - Actions required of the Educator with regards to the medical condition to maintain the child's health and safety
 - The action to be taken if the medical condition is activated - Include first aid needed
 - Including medication required and how and when this should be administered both as preventative health (if required) or in case of a health emergency.
 - What should be avoided (e.g., particular foods, insects etc.)
 - Any other information which would assist in keeping the child safe concerning the medical condition
 - At least both parents or guardians and 1 or more emergency contact details of persons who can respond to an emergency relating to the medical condition and give verbal permission to administer medication.
 - If relevant, state what triggers the allergy or medical condition
 - State when the plan should be reviewed
- A copy of the Medical Management (ASCIA Action) Plan will be displayed or be easily accessed to ensure the safety and wellbeing of the child.
 - The service must ensure the medical care plan remains current and up to date at all times.

4.15.5 Communication Plan

A Communication Plan will be developed:

1. An individual child Communication Plan is developed so that a parent can communicate any changes to their child's Medical Management (ASCIA Action) Plan.
2. The Communication Plan will be used by the Educator and/or staff to communicate their observations of the child's asthma which may impact the child's health and wellbeing.
3. The Educator caring for, and the parents who have a child attending the Service with a diagnosed asthma will be provided with a copy of this policy which includes a copy of the Communication Plan and signed [Risk Minimisation Plan](#), and any other relevant policies and are fully briefed of the content of all plans, policies and procedures.

4.15.6 Risk Minimisation Plan

All children with diagnosed anaphylaxis must have a Risk Minimisation Plan in place. Or, when a parent informs the Educator or member of staff that their child is diagnosed with a medical condition, the relevant person will ensure before the child can commence or re-commence with the service the Risk Management Plan is in place.

The Risk Minimisation Plan will be developed in consultation with the parent/guardian and Educator to ensure:

1. That the hazards relating to the child's specific asthma, allergy are identified, by thinking about what in the environment will pose a risk to the child; and
2. The risk associated with each hazard will be assessed. Consider, what is the likelihood of the hazard being a risk to the child (**Likelihood:** rare, unlikely, possible, likely or almost certain) and what are the consequences of the hazards to the child's health, safety or wellbeing (**Consequence:** insignificant, minor, moderate, major, catastrophic). The Risk Matrix should be used to determine the risk to children; and
3. Consideration is given to what can be done to minimise or mitigate these risks. (What controls will be use such as **Elimination:** remove any hazard, **Isolation:** make inaccessible, **Administration:** changes to policies/procedures or additional training, **Personal Protective Equipment:** gloves and face masks); and
4. Reassess the risk for each hazard; now that the above controls are in place to ascertain if this reduces the risk of harm to the child (use process in outline in point 2.). Consider, have the measures and controls reduced the likelihood and consequences. If yes on all hazards: the parent, Educator and the Nominated Supervisor and/or Coordinator will sign and date the Risk Minimisation Plan.
5. If further considerations are required, go through the process again until the risk is minimised.
6. The Risk Minimisation Plan will be reviewed at least every year and/or will be revised if there are any changes to the child's Medical Management (ASCIA Action) Plan.

4.15.7 Implementation of the Risk Minimisation Plan

The Educator will:

- Maintain the control measures noted in the Risk Minimisation Plan
- Ensure all relevant information pertaining to the child's asthma is communicated to parents at the end of each day
- Notify parents in advance of any special activities taking place such as celebrations, sporting events, and excursions so plans for safe inclusion can be made
- Apply hygiene practices when managing Anaphylaxis
- Ensure the risk minimisation plan is reviewed in collaboration with the parent at least every year or if there is a change in the Medical Management (ASCIA Action) Plan

4.14.8 Roles and Responsibilities

The Service staff will on enrolment:

- Seek to gain medical information from parents about their child including asking directly if their child has a known medical condition.
- Seek permission for the Educator to administer emergency medication.
- If the child has a diagnosed medical condition, ensure the Medical Management (ASCIA Action) Plan is in place prior to commencement with an Educator.
- If a child has a known medical condition before referring a parent to an Educator, discuss the medical condition, and review the Medical Management (ASCIA Action) Plan with the Educator.
- Organise a meeting between the parents, child, and Educator to develop the Risk Minimisation Plan before the child commences with the Educator.
- Ensure the parent has given permission for the Educator, or staff member to call emergency services and accompany their child in case of an emergency; and
- Parents are aware and agree to cover the cost of any medical intervention required, including ambulance costs.

Parents will:

- Inform the Service / Nominated Supervisor and Educator on enrolment **or** the diagnosis of the child's medical condition.
- Provide the Service and the Educators with a Medical Management (ASCIA Action) Plan and written consent to use the epi /ana pen in line with the Medical Management (ASCIA Action) Plan provided by their medical practitioner.
- Provide the Educator with a complete Epi/Ana Pen Kit.
- Notify the Service and Educator of any changes to their child's allergy status and provide a new Medical Management (ASCIA Action) Plan in accordance with these changes.
- Communicate all relevant information and concerns to the Educator on all matters relating to the health of their child.
- Comply with the Regulation that no child who has been prescribed an Epi/Ana Pen is permitted to attend the service or its programs without the device and Medical Management (ASCIA Action) Plan.

Educators will

- Before a child diagnosed with anaphylaxis commences, they will conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in care, and;

Work with parents to consider how they minimise the risk of a reaction e.g.; Parents often ask Educators to exclude from the premises, the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise risks to allergic children will be taken.

- Complete the Risk Minimisation Plan using information gathered and send to the Service for approval before the child commences childcare.
- Are responsible for attending anaphylaxis management training at least 3 yearly or as required by a Registered Training Organisation, which issues the First Aid Certificate.
- Ensure a copy of the child's Medical Management (ASCIA Action) Plan (from a medical practitioner) is easily accessible & is displayed at all times the child with the allergy is in care. The child's Medical Management (ASCIA Action) Plan is to be followed in the event of an allergic reaction which may progress to an anaphylactic reaction.
- Regularly check at least monthly the expiry date on the Epi/Ana Pen.
- Check on arrival each day that the child has an Epi/Ana Pen in an insulated container and relevant medication (place in safe & suitable location) and complete relevant medication form noting medication has been given to the Educator.
- Children will not be accepted into care at any time without their Epi/Ana pen and kit.
- Inform other children /families of the allergy risk for the child and seek their cooperation to assist in keeping the child safe.

4.14.9 Undiagnosed anaphylaxis

In the situation where a child who has not been diagnosed as anaphylactic but who appears to be having a reaction, follow the below Emergency Procedure:

- Call an ambulance immediately by dialling 000/112;
- Follow basic first aid principles;
- Contact a staff member from the Service (as soon as possible or within 24 hours);
- Contact the parent or other nominated person in the event the parent cannot be contacted (as soon as possible or within 24 hours);
- Complete relevant documentation (Incident, Injury, Illness and Trauma Record) and forward to the coordination unit.

4.14.10 Taking Action [R 94 1 & 2]

PLEASE NOTE: If, for some undetermined reason, a Medical Management (ASCIA Action) Plan or authorisation is not available, **medication may be administered** to a child without authorisation in the case of an anaphylaxis or asthma emergency.

Instructions on Anaphylaxis Management

If an Educator or staff members believe the child is experiencing anaphylaxis, they're able to administer the adrenaline (epinephrine) autoinjector (e.g., EpiPen®) according to instruction.

If you DO NOT have an adrenaline autoinjector:

1. Lay person flat - do NOT allow them to stand or walk;
2. If unconscious, place in the recovery position;
3. If breathing is difficult, allow them to sit;
4. CALL AN AMBULANCE: DIAL TRIPLE ZERO 000/112

ADRENALINE IS LIFE SAVING medication for someone experiencing a severe allergic reaction/anaphylaxis.

Antihistamines DO NOT stop the progression of anaphylaxis. Antihistamines only help to decrease itching and reduce mild/moderate swelling of the face, lips, and eyes.

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

REMEMBER ALWAYS follow instructions on the Medical Management (ASCIA Action) Plan for Anaphylaxis if available. If not available:

1. Lay person flat - do not allow them to stand or walk
If unconscious, place in the recovery position
If breathing is difficult to allow them to sit
2. Give EpiPen® or EpiPen® Jr adrenaline autoinjector
3. Phone ambulance – 000/112
4. Phone Parent /emergency contact and inform them of the situations.
5. Further adrenaline doses may be given if no response after 5 minutes
6. Transfer person to the hospital for at least 4 hours of observation

Commence CPR at any time if the person is unresponsive and not breathing normally

Educators will:

- In the event of an anaphylaxis reaction, the Educator will follow the Medical Management (ASCIA Action) Plan steps specific to each child; and
- If in this case, medication is administered, the Educator must ensure that as soon as possible, they contact emergency services.
- When they determine, based on the symptoms that an anaphylactic reaction is occurring, act quickly by following the Medical Management (ASCIA Action) Plan and administer

epinephrine via the epi/ana pen and call 000/112 and request emergency response. **Refer Example [ASCIA Action Plan](#)**

- After administering epinephrine via the epi/ana pen, immediately contact emergency services because a severely allergic child who have experienced anaphylaxis may need emergency respiratory or cardiac care, or even to be resuscitated if they stop breathing altogether. At the very least, the child will need professional care to determine whether additional epinephrine, steroids, antihistamines, or other treatment is required
- Stay with the child until the emergency services arrive.
- Contact the coordination unit and parents/guardians and inform them of the actions taken as soon as is practicable and within 24 hours
- Ask Parents to do a follow-up with their medical professionals after the administration of epinephrine (via the epi/ana pen) before the child returns to care. A delayed or secondary reaction may occur. Therefore, the child needs to remain under medical supervision for at least four hours after an episode of anaphylaxis.
- Complete relevant documentation (Incident, Injury, Illness and Trauma Record) and forward to the coordination unit.

4.14.11 Safe Storage and Management of Expired Epi/Ana Pens

Educators will in relation to epi/ana pens:

- Refer to the manufacturer information in most cases, the epi/ana pens will be **stored at room temperature in an epi/ana pen cover** until the marked expiration date, at which time the unit must be replaced.
- Be accessible in an emergency, but not to children, and may not be kept in a locked cupboard/first aid kit.
- Ensure the epi/ana pen accompanies the child on any outing.
- Under no circumstances should they be refrigerated as this could cause the device to malfunction.
- They will not be exposed to extreme heat, such as in the glove compartment or boot of a car during the summer, and they should not be exposed to direct sunlight. Heat and light shorten the life of the product and can cause the contents to degrade; as a result, Educators will place the epi/ana pen kit in a insulated bag which can be carried and kept close at all times.
- To be effective, the solution in the auto-injector should be clear and colourless. If the solution is brown, the unit needs to be replaced immediately

EXAMPLE OF ASCIA ACTION PLAN

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
 Date of birth: _____

Photo


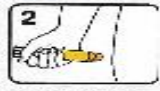

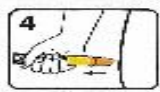
Confirmed allergen(s): _____

Family/emergency contact name(s): _____

Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by: _____
 Dr: _____
 Signed: _____
 Date: _____

How to give EpiPen®

 <p>1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.</p>	 <p>2 PLACE ORANGE END against outer mid-high thigh (with or without clothing).</p>
 <p>3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p>	 <p>4 REMOVE EpiPen®. Massage injection site for 10 seconds.</p>

Instructions are also on the device label and at www.allergy.org.au/health-professionals/ana-anaphylaxis-resources

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
- Give other medications (if prescribed)
Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 6 years. EpiPen® Jr is generally prescribed for children aged 1-6 years. *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information: _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

4.14.12 Reporting of Serious Incident

Any event where medication or emergency services attend Educators will make a report of the incident via the Incident, Injury, Illness, and Trauma Record and send the report to the Service within 24 hours. **Refer to 4.9 Incident, Injury, Illness and Trauma Procedure: 4.9.4 Completing the Report for Illness for guidance on completing the record.**

Educators will ensure Parents and the Service Nominated Supervisor are advised on the incident as soon as practicable (immediately) and within 24hours

Review

	Date	Details
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2016	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

Related Documents

Policies

- 4.4 Medical Conditions Policy
- 4.3 Serious Incident and Emergencies Policy
- 4.5 Administering First Aid Policy

Forms

- Incident, Injury, Illness, Trauma Record
- Medical Management Plan
- Child Enrolment Form
- Additional Child Details Form
- Home Safety Checklist
- Medication Record Permission
- Allergy/Anaphylaxis Management, Risk Minimisation & Communication Plan

Reference

Refer to 4.4 Medical Conditions Policy