

# Anaphylaxis management

October 2008

Anaphylaxis is a severe form of allergy reaction and it can be fatal. While the incidence of death from anaphylaxis is rare, children can die without appropriate intervention.

## **Children's Services legislation.**

The *Children's Services Act 1996* (the Act) has a new section (section 26A) that requires all children's services to have an anaphylaxis management policy in place. The Children's Services Regulations 1998 (Regulations) have also been amended to prescribe policies, plans, procedures and training related to anaphylaxis.

## **What does this mean for all services?**

All proprietors of licensed children's services are required to develop an anaphylaxis management policy. This requirement applies whether or not there is a child enrolled who has been diagnosed at risk of anaphylaxis. The matters to be included in the anaphylaxis management policy are in a new Schedule 3 of the Regulations. To assist services develop a policy, a revised anaphylaxis model policy is available at:

[www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis).

All staff must practise using an EpiPen<sup>®</sup> at least once a year whether or not a child at risk of anaphylaxis is enrolled and attending the service (r. 26(2)). This must be recorded annually in the staff records (r. 19(e)). It is recommended that staff practise the use of the EpiPen<sup>®</sup> quarterly.

*If your service has a child enrolled and attending who has been diagnosed at risk of anaphylaxis the following is also required:*

- a current anaphylaxis medical management action plan (prepared and signed by the child's medical practitioner) must be inserted in the child's enrolment record (r. 16(p))
- a risk minimisation plan must be developed for each child in consultation with parents/guardians (Schedule 3)
- the communication plan must be implemented across the service (Schedule 3).
- all staff (including relievers and volunteers) must be able to identify:
  - all children diagnosed at risk of anaphylaxis
  - where the EpiPen<sup>®</sup> is located for each child (r. 37(2)(b)).
  - where the anaphylaxis medical management action plan is located (a copy of this should be kept with the EpiPen<sup>®</sup>).
- all staff members on duty when a child diagnosed at risk of anaphylaxis is being cared for or educated by the service must have undertaken anaphylaxis management training that is recognised by the Secretary (r. 26(3)(4)). The date the staff member undertook the training should be recorded in the staff records (r. 19(f)). This can be achieved by inserting a copy of the certificate of completion into the records
- the anaphylaxis management policy must be available for families (r. 20(1)(j))
- a copy of the policy must be given to the parents/guardians of the child 'at risk' (r. 20(2A))
- if a child is taken outside the premises of the children's service, the staff member accompanying the child must carry the anaphylaxis medication and a copy of the anaphylaxis

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medical management action plan (r. 31(2)(c)). This is best achieved by including a copy in the EpiPen® kit.

### **What can services do to minimise risk for children at risk of anaphylaxis?**

#### *Awareness*

- Ensure that all staff are aware of the allergens that can lead to anaphylaxis in young children. The most common are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some drugs. However, anaphylaxis is not limited to these allergens.
- Ensure that all staff (including relief staff, volunteers and students) are aware of – and able to identify – each child diagnosed at risk of anaphylaxis.
- Ensure all staff (including those new to the service) are aware of the content and location of individual anaphylaxis medical management action plans for each child diagnosed at risk of anaphylaxis.

#### *Communication*

- Advise all parents that the service is caring for a child at risk of anaphylaxis.
- Maintain frequent communication with staff and parents about changes in allergy triggers and/or management plans.

#### *Planning and assessment*

- Consider anaphylaxis management when planning excursions and special days.
- Assess your service regularly to identify potential accidental exposures to allergens while children are present.

#### *Medication*

- Store anaphylaxis medication out of reach of children.
- Keep medication away from heat.
- Ensure the medication and the anaphylaxis medical management action plan is kept together in the kit and is accessible to staff when children are inside, outside, or on excursions.

#### *Food handling and storage*

- Have safe food preparation procedures.
- Ensure that staff check all foods that have been sent from home.
- Label food containers clearly and accurately with the child's name and/or contents of the container.
- Make sure children wash their hands before and after meals.
- Supervise meal and snack times to prevent the sharing of food, cutlery, bowls and cups.
- Ensure children diagnosed at risk of anaphylaxis are only offered allowed foods.
- Wash down tables and high chairs after eating.

#### *Specific situations*

- If children are diagnosed at risk of anaphylaxis because of an insect sting/bite, make sure they wear shoes and long-sleeved, light-coloured clothing.
- Check that materials used in art and craft do not expose children to allergens. For example, remove egg cartons and cereal boxes.