

---

# YMCA Victoria Policy – Anaphylaxis Policy in Children’s Services

---

OFFICE USE ONLY

Policy Number	Date Approved	Date Last Amended	Status
PE-1226-O	26/06/2012	18/06/2012	APPROVED

## 1. Anaphylaxis in Children’s Services Policy

### 2. INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children (0-5 years) are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications. YMCA Children’s Services believe that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. All YMCA Children’s Services are committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s program and experiences
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children’s service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- raise the service community’s awareness of anaphylaxis and its management through education and policy implementation

### 3. POLICY

The YMCA recognises and adopts the Anaphylaxis Model Policy, as endorsed by the Department of Education and Early Childhood Development and developed in conjunction with the Royal Melbourne Children’s Hospital.

In each Children’s Service, the Person with Management and Control and the Nominated Supervisor will;

- ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years
- ensure there is an anaphylaxis management policy in place
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service
- ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff record.

In services where a child diagnosed at risk of anaphylaxis is enrolled the YMCA shall also;

- ensure no nut products or products containing nuts will be provided or prepared at a YMCA Children's Services as far as reasonably practical. This includes, but is not limited to peanut butter, muesli bars, Nutella, or other products containing nuts.
- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren
- ensure that a notice is displayed prominently in the main entrance of the children's service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service
- ensure staff members or Educators on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- ensure that all relief staff members in a service have completed training approved by the Secretary of the Department of Education and Early Childhood Development in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the model policy
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device

- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit

**Educators, including the Nominated Supervisor, responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - o Call an ambulance immediately by dialling 000
  - o Commence first aid measures
  - o Contact the parent/guardian
  - o Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly
- ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the service community about resources and support for managing allergies and anaphylaxis
- comply with the procedures outlined in Schedule 1 of this policy

The YMCA will work collaboratively with families at every opportunity to enhance the health and safety of children. To permit the delivery of a safe program for all children, it is YMCA Policy to require parents/guardians of children to:

- inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation plan with service staff
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist staff by offering information and answering any questions regarding their child's allergies
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device
- comply with the procedures outlined in Schedule 1 of the model policy.

#### 4. DEFINITIONS

*Allergen:* A substance that can cause an allergic reaction.

*Allergy:* An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

*Allergic reaction:* A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

*Ambulance contact card:* A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

*Anaphylaxis:* A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

*Anaphylaxis medical management action plan:* a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

*Anaphylaxis management training:* accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic

reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised by the Secretary are:

- Course in Anaphylaxis Awareness, 21827VIC
- Course in First Aid Management of Anaphylaxis 22099VIC (Valid from 1 January 2011 until 31 December 2015)
- *Adrenaline auto-injection device*: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.
- *EpiPen*<sup>®</sup>: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen<sup>®</sup> and an EpiPen Jr<sup>®</sup>, and are prescribed according to the child's weight. The EpiPen Jr<sup>®</sup> is recommended for a child weighing 10-20kg. An EpiPen<sup>®</sup> is recommended for use when a child is in excess of 20kg.
- *Anapen*<sup>®</sup>. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.  
NB: The mechanism for delivery of the adrenaline in Anapen<sup>®</sup> is different to EpiPen<sup>®</sup>.
- *Adrenaline auto-injection device training*: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.
- *Children at risk of anaphylaxis*: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
- *Auto-injection device kit*: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/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.
- *Intolerance*: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.
- *No food sharing*: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.
- *Nominated staff member*: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.
- *Communication plan*: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

- *Risk minimisation*: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.
- *Risk minimisation plan*: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

## 5. SCOPE

The scope of this policy applies to all approved Children's Services that operate under the Education and Care Services National Regulations, 2011. This includes Before and After School Care Services, Vacation Care, Early Learning Centres and Kindergartens.

## 6. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Operations	<p>YMCA Nominated Supervisor and/or service Management will oversee the implementation and service adherence to this policy (ie policy compliance).</p> <p>Nominated Supervisor and/or Person with Management and Control will seek individual community feedback and facilitate an active consultation process with service users as appropriate.</p> <p>All Educators will be provided with this policy annually and are responsible for the daily implementation of the policy when directly supervising children.</p>
Children's Services Development Manager	<p>Is responsible for ensuring suitable resources and support systems to enable compliance with this policy.</p> <p>Drive the consultation process and provide leadership and advice on the continuous improvement of the policy.</p>
Children's Services Taskforce	<p>The Children's Services Taskforce is responsible for the development, monitoring and review of the Policy and related systems, ensuring all content meets all legislated requirements.</p> <p>Facilitate annual policy training to Children's Services Educators on the appropriate implementation and use of policy.</p>
Operations Co-ordination Team (OCT)	Approve the Policy
CEO	Provide official sign off on the Policy

## **7. MONITORING, EVALUATION AND REVIEW**

The policy will be reviewed by the Children's Services Policy Focus Group will be reviewed every three years.

The ongoing monitoring and compliance to this policy will be overseen by Centre/Service Managers and the Children's Services Taskforce. Each program will complete an annual self-assessment against this policy and the legislated standards from which it was drawn. The National Quality Framework Ratings and Assessment process, and Service Approval conditions, will also assist in the external audit and monitoring of the policy, by delegates of the Department of Education and Early Childhood Development.

The evaluation of the policy will be facilitated by the Children's Services Taskforce using local stakeholder feedback to drive continuous improvement and reflect service users' comments where practical.

The Children's Services Taskforce will drive the active engagement of all key stakeholders at the three yearly formal review to ensure the policy is reviewed in accordance with the YMCA Victoria Policy Framework and National Quality Framework.

## **8. SUPPORTING DOCUMENTS (LINKS TO PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)**

### **Relevant Documents / Links**

1. [Anaphylaxis Model Policy](#)
2. [Victorian Early Years Learning and Development Framework \(VEYLDF\)](#)
3. [National Early Years Learning Framework \(EYLF\)](#)
4. [Education and Care Services National Law Act 2010](#)
5. [Education and Care Services National Regulations 2011](#)
6. [National Quality Standard for Early Childhood Education and Care and School Age Care \(Quality Area 2\)](#)
7. [Health Act 1958](#)

8. [Health Records Act 2001](#)
9. [Occupational Health and Safety Act 2004](#)
10. [Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
11. [Anaphylaxis Australia Inc](#) and telephone support line 1300 728 000.
12. [Royal Children's Hospital, Department of Allergy](#) and Anaphylaxis Advisory Support Line Telephone 1300 725 911.
13. [Department of Education and Early Childhood Development](#)
14. [YMCA Policy Library](#) including;
  - a. Nutrition, Food and Beverages and Dietary Requirements Policy
  - b. Enrolment and Orientation Policy
  - c. Medical Conditions Policy
  - d. Administration of Medication Policy
15. [YNET Children's Services Manual](#) including;
  - a. YMCA Risk Minimisation Plan
  - b. Communication Signage

Approved by: **Operations Coordination Team**

Meeting number and date: **26/06/2012**

Resolution number:

Effective date: **1 July 2012**

Review date: **1 July 2015**

Policy Owner: **Kate Phillips**

Contact Details policy owner: [kate.phillips@ymca.org.au](mailto:kate.phillips@ymca.org.au) Ph: **0418 136 107**

Amendment history:

Version	Date	Author	Change Description
V1	18.6.12	Kate Phillips	<p>Copied Anaphylaxis Model Policy into YMCA Policy Template, including;</p> <p>Updated Section 6 and 7 to incorporate feedback from Governance Secretariat Policy Focus Group Feedback</p> <p>Updated 8. Supporting documents to include Educator resources, and links for all resources and legislation.</p>



Peter Burns

CEO

01/07/2012