

HEALTH & SAFETY – MEDICAL CONDITIONS- Appendix 1

ALLERGIES AND ANAPHYLAXIS

POLICY – The Service will comply with current best practice in managing serious allergies and anaphylaxis.

Rationale

Allergies are an exaggerated immune response to substances in the environment, with anaphylactic reactions being the most severe and life threatening. Evidence suggests that there has been an increase in severe and anaphylactic reactions in young children worldwide.

Symptoms of allergy:

- **mild:** itchy eyes, sneezes, snuffly noses,
- **moderate:** rashes, hives, hay fever symptoms, cough,
- **severe:** asthma, chronic eczema, severe sinus problems, vomiting.
- **potentially life threatening Anaphylactic reaction:** rapid swelling of affected area and/or face, mouth and throat. This condition requires instant action to avoid fatality.

Triggers of allergy: almost anything potentially, but most commonly;

- Milk and egg products
- Fish, especially shell fish
- Insect bites/stings, especially bee/wasp
- Some fruit, especially strawberries
- Some plants and flowers, both by direct contact and by pollen
- Nuts and nut products, especially peanuts

Of these, bee stings and peanuts have been particularly implicated in anaphylaxis, and so need to be closely monitored and exposure minimized in childcare.

PROCEDURE

1. Family should identify all known allergies/intolerances on enrolling at the service. Details of allergens, reaction history and current treatment should be given as part of the Action Plan to be completed by family before child attends.
2. All children with food allergies or intolerances must discuss their child's diet with the Centre cook and Director, and complete the Service's **Special Dietary Requirements form** (*Food & Nutrition: Appendix 1*). Please note in the case of the LDC that major variations from the Centre's menu will only be accommodated where the parent has obtained medical advice and provided the **Special Diet Medical Statement** (*Food & Nutrition: Appendix 2*) from a recognised medical practitioner.
3. In the case of severe allergy, especially where anaphylaxis is possible, the following procedures apply:
 - The Director or Assistant Director will complete an "**Enrolment Checklist for child at risk of anaphylaxis**" as attached to this appendix
 - a full colour **ASCIA anaphylaxis action plan** (*Appendix 7b or 7b*), including the child's photo will be completed and signed by the child's doctor. Copies will be placed on file in the office, in the staff room and in the child's room (or FDC Educator's home).
 - Staff and family will develop a **Risk Minimisation Plan** and review and update as required in accordance with this policy.
 - Staff will familiarise themselves with the plan. Training and updates will be offered regularly especially if there are children present with an auto injector. The centre will ensure that an up to date auto injector is kept. The child will not be accepted on any day that s/he has not got an auto injector that is in date with them at the centre. The auto injector will be stored in an appropriate **auto-injection device kit** with the child's name and picture on it, and will be stored in a prominent position in the child's room.
 - The Director will ensure all staff have received appropriate training about anaphylaxis and the use of the autoinjector, and that this is renewed annually if an anaphylactic child is enrolled in the service (otherwise, training will be renewed every 3 years) and will ensure that the centre has current trainer adrenaline auto-injection devices so that practice can be undertaken on a regular basis.
 - The Service will display an ASCIA 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/first aid cabinet.

- In the event of an excursion, the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the ASCIA anaphylaxis action plan with the auto-injection device kit.
 - The Director will ensure that a notice is displayed prominently in the main entrance of the centre stating that a child diagnosed at risk of anaphylaxis is being cared for at the service. If it is deemed necessary, other parents will be informed about allergy management, including details of items to be avoided.
4. In view of the increasing severity and incidence of peanut allergy, the Co-op has decided to exclude all nut products from childcare. No nut products will be offered to children and staff will check contents of commercial products to establish that they are nut free. Parents are requested to comply with this policy and to check that any foodstuffs brought by themselves or by their children are nut-free. It is recommended that Staff avoid bringing in food for their own consumption which contains nuts; should they do so they must follow the appropriate hygiene procedures before returning to work.
 5. Should a child be enrolled with a different, but similarly severe allergy, the centre will develop an appropriate management plan, based on Asthma Victoria's guidelines.

Sources Royal Children's Hospital website
ACECQA- National Law and Regulations guide 2009. National Regulations Nov 2011 88, 168(2)(d)
Anaphylaxis Victoria Inc website

Reviewed July 2008, July 2009, July 2012, April 2014, Sep 2016