

Henley Community Kindergarten's Anaphylaxis Management Policy

Background

- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).

Purpose

- To increase safety and provide a supportive environment where children at risk of anaphylaxis are able to join in kindergarten activities.
- To raise awareness about allergy, including anaphylaxis and the kindergartens approach to anaphylaxis management in our community.
- To work with parents/guardians of children at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the child and help keep them safe.
- To ensure staff know about and understand that allergies can be potentially life-threatening and the kindergarten's guidelines and procedures in recognising and treating anaphylaxis when it happens.

Knowing which students have allergies

- Before enrolment, or as soon as an allergy is diagnosed, the kindergarten will develop an individualised health profile, health support agreement and medication agreement in consultation with the child's parents/guardians and signed by the kindergarten and the parent/guardian. The plan will be kept in a tub labelled "Children's Medicine" located in our first aid area. Photos of each child and the information are shared with all staff and available to view in the first aid area.
- The child's individualised anaphylaxis care plan (developed by the child's parents/guardians and their medical practitioner) will be reviewed when necessary to ensure information is up to date and strategies to reduce risk remain age appropriate.
- New, relief and casual staff will be shown information about the child's allergies during the induction process before the child is in their care.

Adrenaline injectors

Prescribed adrenaline injectors

- Children prescribed with an adrenaline injector will be required to make one device available to the kindergarten during the school terms. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- All staff will be informed of the location/s of the prescribed adrenaline injectors.
- The student's adrenaline injector (and any other medication) must be labelled with the name of the child and placed in a location easily available to staff (not locked away), when the child with the allergy is at kindergarten. The adrenaline injector will be stored at room temperature (not in the fridge) away from direct heat and sunlight.

- A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities.
- A process will be in place to regularly check (via EMS) that children's prescribed adrenaline injectors have not expired and do not need to be replaced. Kindergarten staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

General use adrenaline injectors

- The kindergarten will have at least one general use adrenaline injector which is kept in the first aid box in the first aid area.
- The general used adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly if the child requires a second dose or if a child does not have a prescribed device.
- A process will be in place to check annually that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A child (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the kindergarten. If kindergarten staff think a child/staff member/kindergarten visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

Staff training

- All staff are trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.

Planned emergency procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
 - Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
 - The kindergarten will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
 - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the child needs medical care and observation for at least four hours after being given the adrenaline injector.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the kindergarten's risk minimisation strategies and emergency response procedures need to be changed/improved.

Risk minimisation strategies

- Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual children will depend on what the child is allergic to and the developmental stage of the child.
- Wherever possible, the kindergarten will reduce exposure to known allergens.
- The following risk minimisation strategies will be implemented:
 - We ask families to consider not sending foods containing known allergins.
 - Families are responsible for providing their child with appropriate amounts of foods that are safe and nutritious.
 - Explicit teaching and monitoring of handwashing before and after eating.
 - Supervision of children at eating times.
 - We don't share food and we drink from our own water bottles.
 - Supporting children to find a safe place to sit to eliminate contact with known allergens.
 - Clean eating areas after each child.
 - Respectfully sharing information about allergies to support children to have agency in keeping each other safe and to develop acceptance and inclusion of children with food allergies.

Reporting procedures

- If a child is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the child's file. The Director will inform staff about the incident. Any other state or national reporting requirements will be undertaken.
- Staff will be offered a debrief after each incident. An emergency can cause staff and other children distress especially if the event was life-threatening. Help should be provided to staff and children as needed. The child's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.

Policy review

This policy was created on: 28/08/2023

This policy will be reviewed on: 28/08/2026

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