

ANAPHYLAXIS AND ALLERGY PROCEDURE



Source: ASCIA Guidelines for Prevention of Anaphylaxis in Schools, Preschools and Childcare: 2015 Update

“Anaphylaxis is a severe allergic reaction which is potentially life-threatening. It should always be treated as a medical emergency requiring immediate treatment.”

Most food allergic reactions are **not** anaphylactic.

The majority of food allergic and anaphylactic reactions occur in *pre-school age children*.

However, the majority of fatal anaphylactic reactions in South Australia occur in *school age children*.

Egg, peanuts and milk are the most common allergens but peanuts and tree nuts are the foods most likely to cause fatal anaphylaxis.

WE FOLLOW FOUR STEPS IN THE PREVENTION OF ANAPHYLAXIS IN CHILDREN AT RISK:

1. Obtaining medical information about children at risk of anaphylaxis

- ☐ Parents indicate on the enrolment form that their child has been diagnosed at risk of anaphylaxis
- ☐ Parents supply a Health Care Plan / ASCIA Action Plan from a registered medical practitioner and (if required) an adrenaline auto-injector clearly labelled with the child's name and within the expiry date
- ☐ Staff meet with parents to discuss risk minimisation strategies

2. Staff training

- ☐ All certified supervisors ensure that their anaphylaxis training is up to date (ASCIA provides free, ACECQA-approved anaphylaxis e-training at www.allergy.org.au)
- ☐ Upon the enrolment of a child diagnosed at risk of anaphylaxis, whole staff are to review the following during staff meeting time:
 - ♦ Common allergens
 - ♦ Signs and symptoms of mild-moderate allergic reactions
 - ♦ Responding to a mild-moderate allergic reaction
 - ♦ Signs and symptoms of anaphylaxis (the most severe allergic reaction)
 - ♦ Responding to anaphylaxis
 - ♦ Use of an adrenaline autoinjector (the centre has training autoinjectors for staff practice)
 - ♦ The location of the autoinjector in the unlocked medication cupboard
 - ♦ The requirement to take the adrenaline autoinjector and ASCIA Action plan on excursions and walks

3. Implementation of practical strategies to avoid exposure to medically confirmed allergens

- ☐ Our Nutrition Policy states that foods containing nuts should not be brought to the centre
- ☐ When a child at risk of anaphylaxis caused by food enrolls, all families will be informed of the allergen food/s and asked not to send the food/s (with the exception of cow's milk, which should not be banned due to its dietary importance for young children)
- ☐ Children are to be supervised at eating times
- ☐ Sharing food or eating utensils is not permitted
- ☐ Activities involving food (e.g. cooking) should not include the allergen food/s
- ☐ Children who bring the allergen food are to eat next to an adult who will be responsible for ensuring the child's lunchbox is packed away, the table cleaned and the child's hands/face washed

4. Age-appropriate education of children with severe allergies and their peers

The children's curriculum will include appropriately presented information about:

- ♦ Allergies
- ♦ Handwashing
- ♦ Not sharing food