



Salisbury Heights Preschool

ANAPHYLAXIS MANAGEMENT POLICY

POLICY STATEMENT:

Salisbury Heights Preschool aims to provide a learning environment that is safe and supportive of all children. This includes providing for the needs of children and staff who may have anaphylactic (severe allergic) conditions, including nut allergies. For these individuals exposure to triggers may constitute a serious risk to their health and wellbeing.

While it is not possible to guarantee the environment will be completely free of potential hazards, risks can be minimised by compliance with reasonable guidelines. Salisbury Heights Preschool follows practices to reduce risk of exposure and implements procedures to ensure professional management of allergic reactions.

Salisbury Heights Preschool in partnership with families and following the recommendation of medical professionals is committed to:

- 1) raising the awareness of anaphylaxis amongst those involved with the preschool.
- 2) providing the necessary procedures to ensure the health and safety of all persons within the preschool.
- 3) providing a safe environment in which children with severe allergic reactions can participate in activities to their full potential.

RATIONALE:

The Australasian Society of Clinical Immunology and Allergy (ASCI) informs us that food (eg nuts, egg, cows milk, fish, shellfish, sesame and soy) is the most likely trigger for an anaphylactic reaction in susceptible younger children. However other hazards may include bees, other insects and more rarely medication. It is estimated that approximately 1 in 200 people will experience an anaphylactic reaction at sometime during their lifetime.

From experience at Salisbury Heights Preschool the most common trigger for anaphylaxis is peanuts or tree nuts. Consequently this policy is written with nut allergies in mind.

SCOPE:

This policy applies to all families who attend the preschool and all staff including volunteers.

IMPLEMENTATION:

Management of anaphylaxis is by avoidance of the trigger in this case nuts. To this end, the following guidelines are in place:

- For snack, parents are requested to only send fruit, vegetables, yoghurt or cheese.
- For lunch, parents are requested NOT to send food that contains nuts eg peanut butter, Nutella.

On enrolment:

- Parents must indicate on the enrolment form if their child has experienced a severe allergic reaction and discuss the needs of the child with a staff member.
- Before commencement at the preschool parents will be requested to have their medical practitioner complete anaphylaxis action and care plan. It is the responsibility of the Parent to inform staff if there is any change to the medical information detailed in the action plan during the period of a child's enrolment at the preschool.
- Staff will then develop and document an appropriate health support plan, including a photograph of the child. A copy will be provided to the parent, with additional copies stored with the child's medication in the first aid cupboard, in the health care plan folder and in their file in the filing cabinet in the office.

- Parents will supply appropriately labelled and prescribed medication as per the care plan.
- Parents are responsible for ensuring their child's medication is within date and supplying replacements when beyond the expiry date.
- All Parents will be requested to comply with the snack and food guidelines outlined above and informed of this policy.

Preschool/Staff responsibilities:

- Staff will ensure that the appropriate care plans are in place, information regarding children with known allergies (with photographs) is displayed and that all staff are aware of children with anaphylactic reactions.
- Staff will follow the actions detailed in a child's care plan on exposure to a trigger.
- Staff will undertake appropriate first aid and anaphylaxis training.
- Staff will discourage children from sharing food from home while at preschool and encourage awareness of inclusive practices for the needs of different children.
- Appropriate child:staff ratios will be maintained during snack/ lunch times to ensure adequate supervision. Staff will particularly monitor children identified with severe allergic reactions.
- Staff will liaise with parents to ensure that food brought to preschool complies with the guidelines above.
- Staff will ensure that cooking experiences will not include ingredients from the list of current allergies and at no time will include nuts or products containing nuts.

Promotion:

This policy will be promoted through:

- Information provided on enrolment for all families.
- Information provided for staff on induction and at regular intervals.
- Signs at the preschool.
- Reminders in newsletters as required.

AUTHORISATION

This policy was adopted at the Governing Council meeting on 30-11-2015

REVIEW:

The policy will be reviewed biennially by staff and governing council and the Council will within 28 days of making any change, notify the parents/guardians of that change.

In order to assess whether the policy has achieved the values and purposes the staff and governing council will:

- Take into account feedback from parents/guardians and the staff regarding the effectiveness of the policy.
- If a child has an anaphylaxis incident, review the policy in respect to the adequacy of the response of the preschool.

ASTHMA POLICY

Salisbury Heights Preschool is committed to:

- 4) Providing a safe and healthy environment for all children enrolled at the centre.
- 5) Providing an environment in which all children with asthma can participate in order to realise their full potential.
- 6) Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.
- 7) Raising awareness of asthma amongst the preschool community The aim of this policy is:
- 8) For all children with asthma enrolled at the preschool to receive appropriate attention as required.
- 9) To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the preschool.

RATIONALE

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct management will assist in minimising the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, the preschool recognises the need to educate parents/guardians and educators about asthma and to promote responsible asthma management strategies.

SCOPE

This policy applies to children and everyone on site.

IMPLEMENTATION

The educators are responsible for:

- 10) Implementing this policy on a daily basis and undertaking Asthma first aid training
- 11) Asking all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the centre, whether the child has diagnosed asthma and document this information on the child's enrolment record and give appropriate asthma care plan forms to the parent/caregiver to be filled out by their family doctor.
- 12) Ensure an asthma care plan form has been returned and signed by the doctor.
- 13) Compiling a list of children with asthma and placing it in a secure but readily accessible location, which is known to all educators. Relievers will be informed of the list and the location of the asthma care plans.
- 14) Displaying the Asthma First Aid posters in key locations
- 15) Providing disposable asthma devices and Reliever (Ventolin) in the First Aid Kit, ensuring all medications are current and ready for use.
- 16) Ensuring that asthma components included in the First Aid Kit are taken on any excursions. Children's individual asthma medication and equipment will also be taken on excursions
- 17) Ensuring parents/guardians of a child with asthma have been provided with a copy of this policy.
- 18) Consulting with the parents/guardians of children with asthma, in relation to the

health and safety of their child and the supervised management of the child's asthma.

- 19) Identifying, and where possible, minimising asthma triggers as defined in the children's asthma action plans.
- 20) Promptly communicating any concerns to parents/guardians if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- 21) Modifying activities, where necessary, for the child with asthma in accordance with their current needs and abilities.
- 22) Administering all regular prescribed asthma medication in accordance with the child's Asthma Care Plan.
- 23) Discussing with the parents/guardians the requirements of the Asthma Action Plan and what is needed for their child.

The parents/guardians are responsible for:

- 24) Informing educators, either on enrolment or on initial diagnosis, that their child has asthma.
- 25) Providing all relevant information regarding the child's asthma via the asthma action plan.
- 26) Notifying the educators, in writing, of any changes to the information they entered on the asthma action plan during the year, if this occurs.
- 27) Providing an adequate supply of appropriate asthma medication and equipment for their child at all times, for example, blue reliever medication and spacer.
- 28) Reading and being familiar with this policy.
- 29) Communicating all relevant information and concerns to educators as the need arises, for example, if asthma symptoms were present the previous night.
- 30) Consulting with the educators, in relation to the health and safety of their child and the supervised management of the child's asthma.

Plan of action for a child with diagnosed asthma

The educators, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First Aid Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record.

This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack.

Children with a known asthma condition:

Educators will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the asthma action plan. If the child's asthma action plan is NOT available, educators should immediately commence the standard asthma emergency protocol detailed below: Step 1: Sit the child upright and remain calm to reassure them
Step 2: Without delay shake a blue reliever puffer (inhaler) and give four separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff
Step 3: Contact the child's parents or emergency contact.

Step 4: Wait four minutes. If there is no improvement repeat Step 2

Step 5: If still no improvement after a further four minutes - call an ambulance immediately (dial 000) and state clearly that the child is "having an asthma attack"

Continuously repeat Steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child. Only educators who have completed a course in Asthma

First Aid may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Children who educators are not aware have pre existing asthma:

In this situation, educators will:

Step 1: Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty

Step 2: Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff

Step 3: Contact the child's parents or emergency contact

Step 4: Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

Single use masks and spacers from the emergency first aid kit must be disposed of after use or given to the child that has just used it.

Kit Log needs to be filled in after anything has been used.

Each Kit should contain:

2 Spacers

2 Relievers

Masks suitable for under 5's

AUTHORISATION

This policy was adopted at the Governing Council meeting on 30-11-2015

REVIEW

The policy will be reviewed biennially by educators and governing council and the Council will within 28 days of making any change, notify the parents/guardians of that change.

In order to assess whether the policy has achieved the values and purposes the educators and governing council will:

31) Take into account feedback from parents/guardians and the educators regarding the effectiveness of the policy.

32) If a child has an asthma emergency, review the policy in respect to the adequacy of the response of the preschool.