



Melbourne University Sport Anaphylaxis Policy

The safety and well-being of children is of prime importance at Melbourne University Sport Programs. All reasonable steps will be taken to ensure the safety and well-being of children and it is recognised that during the program, the protection of children who are at risk of anaphylaxis is an important responsibility to be shared between the service, the family and the whole community. Melbourne University Sport is committed to providing, as far as is practical, a safe and healthy environment where children at risk of anaphylaxis can participate equally in the program and risks are minimised.

Anaphylaxis is a severe, life-threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, fish or seafood, cow's milk, bee or other insect stings, and some medications. Some fruits, most notably kiwi fruit, strawberries and figs, can also cause severe allergic reactions. Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto injection device such as an EpiPen®.

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of Melbourne University Sport
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including following the child's Anaphylaxis Action Plan, as well as competently administering an adrenaline auto injection device.
- To work collaboratively with parents/guardians of a child at risk of anaphylaxis in gathering health information, assessing and developing risk minimisation strategies and action plans for their child.
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

The service seeks to:

- Provide, as far as is 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.
- Raise awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- Actively involve the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitate communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Training

Melbourne University Sport recognises the importance of appropriate training for educators responsible for the care of children at risk of severe allergic reactions and/or anaphylaxis. Training should include: preventative measures to minimising risk of anaphylaxis, recognition of signs and symptoms of anaphylaxis and administering appropriate emergency treatment, including the effective use of an adrenaline auto injection device.

Awareness

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators should not have a false sense of security that an allergen has been eliminated from the environment.

Definitions in policy:

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.

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

Anaphylaxis 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 (ASCI) Action Plan. This plan will be updated annually by a registered medical practitioner to ensure that listed information is current to the child's needs.

Auto-injection device kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device e.g. (**EpiPen® or Anapen®**), 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. Auto-injection devices are stored away from direct heat. A texta to write details of any medication administered to child in the event of a reaction is also a useful inclusion in the kit.

EpiPen®: 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® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Anapen®: This is another form of an auto injection device containing a prefilled needle syringe combination which delivers adrenaline intramuscularly.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and educators in relation to the policy and how parents and educators 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 reviewed at least annually.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used, for example, at parties when other children may be having treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

Procedures:

The service shall:

- Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Education and Care Services National Regulations.
- Ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.
- Ensure an educator will be rostered on at the service at all times who has current qualifications in the emergency management of anaphylaxis. (R136)
- Ensure all educators are encouraged to attend approved emergency anaphylaxis management training as prescribed in the Education and Care Services National Regulations.
- On enrolment, ensure all parents/guardians complete the medication and allergies section of the enrolment form and provide an action plan should their child be diagnosed with anaphylaxis. A current anaphylaxis action plan (signed by a registered medical practitioner) MUST be received by the service.
- Ensure all relieving and new educators are aware of:
 - The symptoms of an anaphylactic reaction.
 - The child at risk of anaphylaxis.
 - The anaphylactic child's allergies.
 - Where the anaphylaxis action plan is located.
 - Where the auto-injection device kit is located.
- Encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation. This will form part of our ongoing communication plan to ensure we are able to meet the child's current health needs.
- Ensure that a child's individual anaphylaxis action plan signed by a registered medical practitioner is inserted in to the enrolment records for each child and a copy is appropriately displayed at the service. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- Ensure that no child who has been prescribed an adrenaline auto injection device is permitted to attend the program without that device or a current Anaphylaxis Action Plan.
- Maintain details of qualified educators in staff records. It is recommended that practice with the trainer auto injection device is undertaken on a regular basis.
- Service shall have anaphylaxis information and awareness posters put up within program venues.
- Ensure emergency contact details are readily available to educators.

Program Coordinator and service educators shall:

- Ensure a copy of the child's anaphylaxis action plan is visible to all educators.
- Complete the risk minimisation plan for each child diagnosed with anaphylaxis with the parent/guardian on the first day of the child's attendance before the child is left at the service.
- Check the expiry date of the adrenaline auto injection device with the parent to ensure it is within its use by date.
- Ensure that no child who has been prescribed an adrenaline auto injection device is permitted to attend the program without that device or a current Action Plan.
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for at the service where this is the case.
- Seek the support of all families and visitors to the service in minimising risks to children by considering the foods/ products brought into the service.
- Ensure that the adrenaline auto injection device is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the educators accompanying children outside the service and on excursions carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the auto-injection device (e.g. EpiPen®) kit.
- Follow the child's anaphylaxis 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:
 - Call an ambulance immediately by dialing 000.
 - Commence first aid measures.
 - Contact the parent/guardian/emergency contact
- Supervise meal times to see that all children only eat food that is prepared specifically for him/her. Lunch boxes and drink bottles provided by parents for the child should be clearly labelled with the child's name.
- Discuss participation in any cooking activities with parent/guardian if there are any concerns about ingredients used. Carefully consider selection of ingredients for cooking activities to minimise potential risk to children.
- Ensure there is no trading or sharing of food, food utensils or containers for any children.
- Make an assessment regarding potential risk to a child. In some circumstances it may be required that a highly allergic child be separated from other children during meal and snack times. If this is the case educators will ensure that the child is not left alone and instead eats with an educator or other children and can still be included in social discussion. At no other times should children with allergies be separated from other children or program experiences.
- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children before and after eating and upon arrival to the program.

Please refer to the Melbourne University Sport Nut Aware Policy for more information.

References:

ACECQA National Quality Framework Resource Kit (2012) – Quality Area 1 – Educational Program and Practice.

- Quality Area 2 – Children’s health and safety

Education and Care Services National Regulations (2012), Section 168 2(iv) – The administration of first aid