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# Anaphylaxis Policy

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## 1. INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children (0-5 years) are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications. Life Skills & Adventures believe that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. All Life Skills & Adventures Camps are committed to:

- providing, as far as 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
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child at an LSA camp
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device

## 2. POLICY

Life Skills & Adventures recognises and adopts the Anaphylaxis Model Policy, as endorsed by the Department of Education and Training and developed in conjunction with the Royal Melbourne Children's Hospital.

**At each camp, the Person with Management and Control and the Nominated Supervisor will;**

- ensure that they have completed and provided evidence of, a First Aid course inclusive of Asthma and Anaphylaxis
- ensure there is an anaphylaxis management policy in place
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service
- ensure that all staff at the camp - whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 24 months, recording this in the staff record.

**At Camps where a child diagnosed at risk of anaphylaxis is enrolled, Life Skills & Adventures shall also;**

- ensure no nut products or products containing nuts will be provided or prepared at a LSA Camp as far as reasonably practical. This includes, but is not limited to peanut butter, muesli bars, Nutella, or other products containing nuts.
- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the camp and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren
- ensure that a notice is displayed prominently in the main entrance of the children's camp stating that a child diagnosed at risk of anaphylaxis is being cared for at the camp
- ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for have completed training anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis.
- ensure that all relief staff members in a camp have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the camp or its programs without the device
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff at a camp know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device
- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit

**Staff, including the Nominated Supervisor, responsible for the child at risk of anaphylaxis shall:**

- ensure that they have completed and provided evidence of, a First Aid course inclusive of Asthma and Anaphylaxis
- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child's anaphylaxis medical management 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
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a regular basis
  - ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
  - ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
  - ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
  - ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the camp e.g. on excursions that this child attends
  - regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
  - provide information to the camp participants about resources and support for managing allergies and anaphylaxis
  - comply with the procedures outlined in Schedule 1 of this policy

**Life Skills & Adventures will work collaboratively with families at every opportunity to enhance the health and safety of children. To permit the delivery of a safe program for all children, it is LSA Policy to require parents/guardians of children to:**

- inform staff at the camp, either on enrolment or on diagnosis, of their child’s allergies
- develop an anaphylaxis risk minimisation plan with camp staff
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist staff by offering information and answering any questions regarding their child’s allergies
- notify staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes

- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- comply with the camp's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

### 3. DEFINITIONS

**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 diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card:** a card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

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

**Anaphylaxis medical management 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 (ASCIA) Action Plan.

**Anaphylaxis management training:** accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Training and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device.

**Adrenaline auto-injection device:** a device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

**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®:** is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

**NB:** The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

**Adrenaline auto-injection device training:** training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.

**Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**Auto-injection device kit:** an insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, 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.

**Intolerance:** often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** the practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

**Nominated staff member:** a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

**Communication plan:** a plan that forms part of the policy outlining how the camp program will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the camp.

**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 camp, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the camp and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

#### 4. SCOPE

The scope of this policy applies to all approved Camp Programs undertaken by Life Skills & Adventures.

#### 5. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Operations	All Carers/Camp Leaders will be provided with this policy annually and are responsible for the daily implementation of the policy when directly supervising children.
Company Director	Is responsible for ensuring suitable resources and support systems to enable compliance with this policy.  Drive the consultation process and provide leadership and advice on the continuous improvement of the policy.  Responsible for the development, monitoring and review of the Policy and related systems, ensuring all content meets all legislated requirements.
Company Director	Approve the Policy and Provide official sign off on the Policy
CEO	Approve the Policy Provide official sign off on the Policy

#### 6. MONITORING, EVALUATION AND REVIEW

The ongoing monitoring and compliance of this policy will be overseen by the LSA Director. Each program will complete an annual self-assessment against this procedure, associated policy and the legislated standards from which it was drawn.

The evaluation of the policy will be facilitated by the LSA Director using stakeholder feedback to drive continuous improvement and reflect service users' comments where practical.

#### 7. SUPPORTING DOCUMENTS

##### Relevant Documents / Links:

1. [Health Act 1958](#)
2. [Health Records Act 2001](#)
3. [Occupational Health and Safety Act 2004](#)
4. [Australasian Society of Clinical Immunology and Allergy \(ASCI\)](#)
5. [Anaphylaxis Australia Inc](#) and telephone support line 1300 728 000.
6. [Royal Children's Hospital, Department of Allergy](#) and Anaphylaxis Advisory Support Line Telephone 1300 725 911.
7. [Department of Education and Training](#)