**YMCA Victoria Policy – Anaphylaxis Policy in Children’s Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| Procedure Number | Date Approved | Date Last Amended | Status |
| CP217-O (PO)  | 22/09/2015 | 22/09/2015 | Current |

1. **PURPOSE**

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. YMCA Children’s Services believe that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. All YMCA Children’s Services 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 is in the care of the children’s service
* ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
* raise the service community’s awareness of anaphylaxis and its management through education and policy implementation
1. **SCOPE**

The scope of this policy applies to all YMCA Children’s Services that operate under the Education and Care National Regulations, including Before and After School Care Services, Holiday Programs, Early Learning Centres and Kindergartens.

The scope also applies to YMCA crèche and limited hours services who operate under the Victorian Children’s Services Regulations.

1. **POLICY**

The YMCA recognises and adopts the Anaphylaxis Model Policy, as endorsed by the Department of Education and Training and developed in conjunction with the Royal Children’s Hospital in Melbourne.

In each Children’s Services, the Person with Management and Control and the Nominated Supervisor will;

* ensure that all staff members have completed first aid and anaphylaxis management training and update every 3 years
* 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 an emergency Auto-Injection device is available in the main First Aid kit
* ensure that all staff in all services 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 12 months, recording this in the staff record.

In services where a child diagnosed at risk of anaphylaxis is enrolled the YMCA shall also;

* ensure no nut products or products containing nuts will be provided or prepared at a YMCA Children's Services 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 service 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 service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service
* ensure staff members or Educators on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
* ensure that all relief staff members in a service have completed training approved by the Secretary of the Department of Education and 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 en
* ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service 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
* display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet/main first aid kit
* display an Emergency contact card by the telephone
* comply with the procedures outlined in Schedule 1 of the model policy
* 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 in a service 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

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

* 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 dialling 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, preferably quarterly
* 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 all medical management plans and risk minimization plans are reviewed every 12 months and provided annually upon enrolment
* ensure children who no longer need an auto-injection device have provided a letter from their practioner and that the device is disposed of by the family
* ensure that all auto-injection devices that have breached their expiry date are given back to the family to dispose of and that if an in-date device has not been given that the child is excluded until and in-date device is provided
* 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 service 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 service community about resources and support for managing allergies and anaphylaxis
* comply with the procedures outlined in Schedule 1 of this policy

The YMCA 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 YMCA Policy to require parents/guardians of children to:

* inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies
* develop an anaphylaxis risk minimisation plan with service staff- Reviwed every 12 months
* 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 the 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 service’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
* comply with the procedures outlined in Schedule 1 of the model policy.
1. **LEGISLATIVE AND INDUSTRY REQUIREMENTS**
* Administration of Medication Procedure
* Administration to First Aid Policy
* Anaphylaxis Policy
* Quality Area 2- National Quality Standards
* Children’s Services Regulation and Act
* Ministirial Order 706 - Clause 10
1. **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 diarrhoea, 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. Current courses that are accredited and recognised by the Secretary are: Course in Anaphylaxis Awareness, 21827VIC

* Course in First Aid Management of Anaphylaxis 22099VIC (Valid from 1 January 2011 until 31 December 2015)
* 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 service 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 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 developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

1. **ROLES AND RESPONSIBILITIES**

|  |  |
| --- | --- |
| **Department/Role** | **Responsibility** |
| Managers and Supervisors | Ensure the Anaphylaxis Policy is implemented in their workplace.Ensure all YMCA Personnel, including the Nominated Supervisor, receive relevant policy induction and training. Ensure all YMCA Personnel understand and can access the Policy and Procedure, and other related Policies and Procedures, and comply with them at all times. |
| Children’s Services Development Manager | 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. |
| Operations Leadership Team (OLT) | Approve the Policy |
| CEO | Provide official sign off on the Policy |

1. **MONITORING AND/OR EVALUATION**

The Anaphylaxis Policy in Children’s Services will be reviewed every three years.

The ongoing monitoring and compliance to this policy will be overseen by Area/Service Managers and the Children’s Services Management Team where practical. Each service or Centre will complete an annual self-assessment against this policy and the legislated standards from which it was drawn, as part of a holistic annual self-assessment across all Children’s Services Policies and Procedures. The National Quality Framework Ratings and Assessment process, and Service Approval conditions, will also assist in the external audit and monitoring of the policy, by Authorised Officers of the Department of Education and Training.

The evaluation of the policy will be facilitated by the Children’s Services Management Team using stakeholder feedback to drive continuous improvement and reflect service users’ feedback where practical.

1. **SUPPORTING DOCUMENTS (LINKS TO PROCEDURES AND/OR WORK PRACTICES)**
* [Victorian Early Years Learning and Development Framework (VEYLDF)](http://acecqa.gov.au/storage/veyldf_for_children_from_birth_to_8.pdf)
* [Children's Service Regulation and Act](http://www.acecqa.gov.au/national-regulations)
* [Occupational Health and Safety Regulations and Act](http://www.worksafe.vic.gov.au/laws-and-regulations/occupational-health-and-safety)
* [Australasian Society of Clinical Immunology and Allergy (ASCIA)](http://www.allergy.org.au/)
* [Anaphylaxis Australia Inc](http://www.allergyfacts.org.au/) and telephone support line 1300 728 000
* [Royal Children’s Hospital, Department of Allergy](http://www.rch.org.au/home/) and Anaphylaxis Advisory Support Line Telephone 1300 725 911
* [YMCA Y-Net- Policy Library](https://ynet.ymca.org.au/vic/Manual/earlylearningOSHC/Pages/Policies%20and%20Procedures.aspx)
1. **APPROVAL AND REVIEW**

**Approved By**

**Name:**  Michelle Bruggeman

**Position:**  Governance Manager

**Meeting Name:**  OLT

**Meeting Date:** 22/09/15

**Effective Date:** 22/09/2015

**Review Date:** 22/09/2018

**Policy Owner:** General Manager – Children’s Programs

**Contact Details:** amanda.locke@ymca.org.au

**Ammendments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Change Description** |
| V1  | 18.6.12  | Kate Phillips  | Copied Anaphylaxis Model Policy into YMCA Policy Template, including; Updated Section 6 and 7 to incorporate feedback from Governance Secretariat Policy Focus Group Feedback Updated 8. Supporting documents to include Educator resources, and links for all resources and legislation.  |
| V2 | 9.9.15 | Brianna Stevenson | Updated information on out of date Auto-Injection devices.Medical plans to be reviewed annually.Updated that each service to have an emergency Auto-Injection device in their main first aid kit.Updated scope to include Occassional Care/Creche. Updated the Monitoring and Review process to be an annual policy self-assessment conducted by the service.Updated links to supporting documents. |
| V2 | 22.09.2015 | Alix MacInnes | Approved at OLT 22/09/2015 |