

# **Anaphylaxis Management Policy**

Lilliput Land Cooperative Nursery School  
Reviewed October 2016

## **Purpose of the Policy**

To ensure that children attending Lilliput Land Cooperative Nursery School (“Lilliput Land”) feel safe and to minimize the risk of an anaphylactic reaction at the centre; to reduce the concerns of parents of anaphylactic children; to provide teaching staff with a clear plan to follow in case of emergency and reduce their anxiety in dealing with an anaphylactic response.

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## **Anaphylaxis Management Procedure**

### **Identifying allergic children**

- At the time of enrolment parents/guardians will be asked to identify if their child has any special allergies or requires medical treatments/emergency medications. Allergies will be indicated on the snack list posting and in the classroom.
- Parents of anaphylactic children will be asked to complete an Anaphylaxis Emergency Plan.

Whenever a child with severe allergies is enrolled at the child care service, or newly diagnosed as having a severe allergy, all staff will be informed of:

- The child’s name
  - The nature of the allergy
  - Where the child’s anaphylactic allergy information will be located;
  - Where the child’s adrenaline autoinjector is located;
  - Which staff member(s) will be responsible for administering the adrenaline autoinjector.
- New and relief/casual staff will be given information about children’s needs (including children with severe allergies) during the orientation process.

### **Emergency Procedures**

- An appropriate number of staff will be trained in the prevention, recognition and treatment of anaphylaxis in child care settings, including the use of adrenaline autoinjectors.
- Information sheets on the use of adrenaline autoinjectors will be available to staff.
- The child’s Individual Anaphylaxis Emergency Plan should be completed by with the child’s parents/guardians at the beginning of the school year (or child’s enrollment period). Such consultation includes:
  - approval of the Plan
  - consent to display the child’s Plan
  - consent for the information contained within the Plan to be made available to both child care staff and emergency medical personnel (if necessary)
- The child’s individual Anaphylaxis Emergency Plan should be reviewed prior to any special activities (e.g. excursions) to ensure information is current and correct, and any specific contingencies are pre-planned.

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- Parents/guardians are responsible for supplying the adrenaline autoinjector and ensuring that the medication has not expired.
- After each emergency incident, the individual Anaphylaxis Emergency Plan will be evaluated to determine if the child care service's emergency response could be improved.
- The child's adrenaline autoinjector (and any other medication), must be labelled with the name of the child and recommended dosage. Medication must be located in a position that is out of reach of the children, but readily available to child care staff. Consideration must also be given to the need to keep the adrenaline autoinjector away from excessive light, heat or cold when deciding on a suitable location.
- The expiry date of the child's adrenaline autoinjector will be included on the individual Anaphylaxis Emergency Plan. Child care staff will check the adrenaline autoinjector regularly to ensure it is not discoloured or expired and therefore in need of replacement. Staff will advise the parents/guardians at the earliest opportunity if the adrenaline autoinjector needs to be replaced.
- Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's parents/guardians should be contacted. A request should be made to collect the child and seek medical advice. The child care service should closely monitor the child until the parents/guardians arrive. Immediate action should be taken if the child develops symptoms.
- If child care staff believe a child may be having an anaphylactic reaction even though no Plan is on file, staff must follow emergency First Aid procedures and call 911 for an ambulance immediately.

## **Risk minimisation strategies**

In the child care environment, strategies used to reduce the risk of anaphylaxis for individual children will depend on the nature of the allergen, the severity of the child's allergy and the maturity of the child.

Wherever possible the child care service will minimise exposure to known allergens by the following:

- All parents/guardians will be advised of specific food allergies in the classroom and how they can assist the child care service minimise the risk of exposure to known allergens.
- A child at risk of food anaphylaxis should only eat lunches and snacks that have been prepared at home or at the child care service under strictly supervised conditions. Children should not swap or share food, food utensils and food containers.
- Child care staff will regularly inspect for bee and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.
- Child care staff will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at the child care service by:
  - talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to a carer when they are having an anaphylactic reaction;
  - taking the child's and their parent's/guardian's concerns seriously;
  - making every effort to address any concerns they may raise.

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- Child care staff will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as ‘this food will make ..... sick’, ‘this food is not good for .....’, and ‘..... is allergic to that food’.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- Child care staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

## **Reporting Procedures**

- After each emergency situation the following will need to be carried out:
  - Staff involved in the situation are to complete a Serious Occurrence Notification Form
  - If necessary, send a copy of the completed form to the insurance company; and
  - File a copy of the Serious Occurrence Notification Form on the child’s file.
  - The Supervisor will inform the Board about the incident.
  - The Board is required to inform the County of Wellington Child Care Services about the incident.
- Staff will be debriefed by the Board after each anaphylaxis incident and the child’s individual Anaphylaxis Emergency Plan will be evaluated, as well as the effectiveness of the procedures that were in place. Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.