



Anaphylaxis Management

Council Early Years Services

Procedure Number:	D23-7148	Directorate:	Community Services
Approval by:	Senior Coordinator Early Years Services	Responsible Officer:	Senior Team Leader – Integrated Early Years Hubs
Approval Date:	February 2023	Version Number:	3.1
Review Date:	3 Years from Last Approval Date	Service Type:	 
ACECQA Quality Area:	Quality Area 2		

1. Purpose

This procedure will provide clear guidelines to all educators, staff and families in relation to the management of anaphylaxis and/or to a child who may be at risk of an anaphylactic incident.

Anaphylaxis is the most severe form of allergic reaction and can be life threatening. It requires treatment as a medical emergency, requiring immediate treatment and urgent medical attention.

Council Early Years Services educators and staff will implement strategies to minimise the risk and protect the safety of children who are at risk of anaphylactic reaction whilst in attendance at the service.

These strategies include:

- Ensure that a child with known anaphylaxis has an Anaphylaxis Action Plan completed by a Medical Practitioner, a current (in-date) auto-injection device and any medication documented in the Action Plan (*see Appendix One.*)
- Educators and staff will work with families to document an effective Communication Plan, as well as include a Risk Minimisation Plan inclusive of ongoing management of anaphylaxis (*see Appendix Two and Appendix Three.*)
- Educators and staff must respond appropriately to an anaphylactic reaction by following the individual child's Anaphylaxis Action Plan (*see Appendix One.*) Children are not permitted to self-administer auto-injection devices at the service.
- As stated in the Anaphylaxis Action Plan, each individual child's medication should be accessible to all educators and staff whilst the child is attending the service, however, it must also be stored in a location that is out of reach of children.
- Educators and staff to ensure each individual child's medication is stored in a separate container. The container is required to have the child's individual photo, name and a copy of the Anaphylaxis Action Plan attached or inside.
- Educators and staff are required to check each child's medication expiry dates regularly.
- Raising awareness of anaphylaxis and its management at the service through education, policy and procedure implementation.

Although these strategies will be in place at most services, it is acknowledged that it is not possible to achieve a completely allergen-free environment in any facility, particularly if it is open to the general community.

2. Scope

This procedure applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, families, children and others attending the program and activities of Council Early Years Services.

3. Responsibility

Responsibilities for the procedure are:

Person:	Responsible for:
Nominated Supervisors/ Educators/Staff	<ul style="list-style-type: none"> • Ensuring that at least one Educator with current approved Anaphylaxis management training is on duty and immediately available at all times when children are at the service. • Ensuring that Anaphylaxis Action Plans are up to date as per the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan review expiry date, or when a change of medical/general information is notified to educators and staff by medical practitioner/family. • Following service protocols for correct disposal of used adrenaline auto-injection devices. • Recording details of current, approved First Aid, Asthma and Anaphylaxis Training, as outlined on the Australian Children’s Education and Care Quality Authority (ACECQA) website, and documenting details in the educator’s staff record. • Completing regular checks, to ensure all adrenaline auto-injection devices in first aid kits are current and in date. • Ensure that families of children with known anaphylaxis have provided Council Early Years Services with the appropriate adrenaline auto-injection device for use when the child attends at the service and in the event that the child suffers an anaphylactic reaction. If the auto-injection device and/or medication has expired or the family has not provided these to the service, this places the child’s safety at risk. The child will not be able to access or attend the service until a valid auto-injection device, and/or medication, is provided by the family to the service. • Providing the family of a child identified with anaphylaxis, with a copy of the Anaphylaxis Management Procedure and the Medical Conditions Procedure. • Providing all educators, staff members, students and volunteers with access to a copy of the Anaphylaxis Management Procedure and the Medical Conditions Procedure. • Identifying children with anaphylaxis during the enrolment process, ensuring that all required documentation (Action Plan, Communication Plan, and Risk Minimisation Plan) and medication is in place before the child attends the service for the first time. Informing families that enrolment documentation may take 5-10 days to process and impact the date their child/dren can commence at the service. • Working with families whose child/children are identified with anaphylaxis after they have been enrolled as well as notifying all educators and staff about the child’s condition. • Any anaphylactic incident that has occurred in Council Early Years services must be documented in the incident/injury/illness/trauma record and a family member must be informed of the used device as soon as possible. A copy of this information must be given to the attending ambulance officers. • Services will provide a junior adrenaline auto-injection device, which will be clearly identified and stored in a first aid cabinet/allergy buddy bag and used in

the case of an emergency only.

- Ensuring that recruitment of all new educators and staff that are responsible for the care and education of children have an approved Anaphylaxis Management Qualification. This qualification must be renewed every three years.
- Maintain an up to date copy of the child’s Action Plan, Communication Plan and Risk Minimisation Plan in the individual child’s enrolment record.

4. Procedure

4.1.1 Induction of Educators and staff

If a child with diagnosed anaphylaxis attends a Council Early Years Service, induction of educators and staff, volunteers, students will include:

- A copy of the Anaphylaxis Management Procedure and Medical Conditions Procedure.
- The location of the stored auto immune device and/or medication.
- Information about where the following documents are located:
 - Anaphylaxis Action Plan (completed by a Medical Practitioner)
 - Risk Minimisation Plan and Communication Plan for the management of anaphylaxis.
- Educators and staff will alert visiting early childhood staff members to the location of the Anaphylaxis Management Procedure, Management Plans and required auto-injection device and/or medication.

4.1.2 Education and Training Procedures

Council Early Years services recognise the importance of educators and staff being responsible for children at risk of anaphylaxis. Council Early Years Services will support educators and staff to undertake regular training that includes but is not limited to:

- Educators and staff that are responsible for the care and education of children must be supported to gain an approved Anaphylaxis Management Training qualification every 3 years.
- Educators and staff who care for and educate children are required to practice the use of the adrenaline auto-injection device on a quarterly basis. Records of such practices are to be recorded in educators’/staff records.
- Educators and staff that are responsible for the care and education of children must attend training in the administration of the adrenaline auto injection devices every 12 months, whether or not a child with anaphylaxis is enrolled and attending the service.
- All Council Early Years casual educators hold current training in the administration of anaphylaxis management, have practiced within the last quarter including the administration of an adrenaline auto-injection device, and are aware of symptoms of an anaphylactic reaction, a child at risk of anaphylaxis, a child’s allergies, an Anaphylaxis Action Plan and adrenaline auto-injection device.

4.2 Risk Minimisation Plan

Person:

Responsible for:

Nominated Supervisors/
Educators/Staff

- Ensuring an assessment of the potential for accidental exposure to allergens for child/and or children who may be at risk of anaphylaxis reaction, if they are in attendance at the service is conducted. Completing and developing a Risk Minimisation Plan for the service in consultation with educators and staff and the family of the child/children. *(See Appendix Two)*.
- Supporting the child whilst eating, ensuring that they only eat food that has been specifically prepared for him/her:
 - Where the service is preparing food for the child, ensure that it has been prepared in accordance with the documented information on the Risk

Minimisation Plan.

- Where appropriate, families are provided with menus and recipes so that they can make informed decisions about food provided for their child at Long Day Care Services.
- Some families may choose to provide all food requirements for their child.
- Bottles, other drinks and lunch boxes, provided by families are labeled clearly with the child’s name.
- In all Long Day Care Services, where food is prepared for children with anaphylaxis, ensuring there is a system in place (i.e. red crockery, photo identification, food handover procedures, communication to families to ensure risks are kept to a minimum.
- Washing down all tables and bench tops before and after eating.
- Ensuring children conduct hand-washing practices upon arrival to the service and before and after eating, offering assisting if/when required.
- Restricting the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Educators should discuss the use of foods in such activities with the family of the child and these foods should be consistent with the Risk Minimisation Plan.
- Supervising all children during meal and snack times.
- Services that provide food for children will take the Risk Minimisation Plans of children at risk into consideration when undertaking food purchases and menu planning.
- Ensuring food preparation personnel (educators, cooks, staff and volunteers) are trained in the measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food. (i.e. such as careful cleaning of food preparation areas and utensils)
- Discuss arrangements for increased supervision of the child on special occasions such as excursions, incursions or celebrations with families.
- Ensure that no child who has a prescribed an adrenaline auto-injection device and/or medication is permitted to attend the service or its programs without the device/medication. Ensure that there is an Anaphylaxis Action Plan completed by their Medical Practitioner.

Families

- Communicate with educators/Team Leaders to develop the Risk Minimisation Plan.
 - Regularly communicate with educators regarding their child’s allergies and Anaphylaxis Risk Management plan.
 - Clearly label any bottles, drinks, lunch boxes or food provided for the child.
-

4.3 Communication Plan

Individual communication plans are developed with the family in conjunction with educators and staff that will provide specific information regarding a child’s Anaphylaxis Action Plan including potential triggers, medication and appropriate First Aid Responses.

The family is responsible for informing Council’s Early Years service educators and staff of any changes to the child’s Action Plan, Communication Plan and Risk Minimisation Plan.

Responsibilities for Communication Plan are:

Person:	Responsible for:
Nominated Supervisors/ Educators/Staff	<p>When a child diagnosed with anaphylaxis attends a Council Early Years service, Nominated Supervisors, educators must:</p> <ul style="list-style-type: none"> • Display a notice at the service stating that a child who is diagnosed as at risk of anaphylaxis, is being educated and cared for by the service. • Complete and ensure that the following documentation is available prior to a child attending the service: <ol style="list-style-type: none"> 1. Anaphylaxis Action Plan (<i>see Appendix One</i>) <ul style="list-style-type: none"> ○ To be completed by the child’s Medical Practitioner on the relevant template from the Australasian Society of Clinical Immunology and Allergy (ASCIA). ○ Check that the child’s Anaphylaxis Action Plan is specific to the brand of adrenaline auto-injection device and/or antihistamine prescribed by the child’s medical practitioner. 2. Risk Minimisation Plan for Anaphylaxis (<i>Appendix Two</i>) <ul style="list-style-type: none"> ○ To be used to plan for, document and manage different risk exposures that could potentially arise during a child’s participation at the service. 3. Anaphylaxis Communication Plan (<i>Appendix Three</i>) <ul style="list-style-type: none"> ○ To be used for documenting communication and partnership between the service and the family regarding the wellbeing of the child. Both parties must sign this document.
Nominated Supervisors/ Educators/Staff	<ul style="list-style-type: none"> • Implement a communication plan and encourage ongoing communication between family, educator and staff regarding the ongoing status of the child’s allergies. • Identify and minimise allergens where possible. • Ensure in collaboration with the family, that the expiry date of the adrenaline auto-injection device/medication is checked regularly and that it is replaced as required. • Immediately communicate any concerns with families regarding the management of children diagnosed at risk of anaphylaxis attending the service. • Discuss and review the child’s plans in regular team meetings, or as changes occur to assess how practices in the service align with the requirements of the plans and communicate changes in practice with family accordingly. • Collaborate with educators and staff the need for increased supervision of the child on special occasions such as excursions, incursions or celebration days. • Respond promptly to changes in the child’s condition when informed by families (with an updated Action Plan completed by a Medical Practitioner) ensuring that other educators in the service are also informed in a timely manner of changes.

- Coordinate and follow-up when updates are made to Action, Risk and Communication Plans (as identified by families and Medical Practitioners) to inform families that these plans have been updated, ensuring enrolment records are up to date as required by families.
- Ensure that the required adrenaline auto-injection device/medication is stored in accordance with the Administration of Medication Procedure in a location that is known to all educators including relief educators; is easily accessible to adults (not locked away) but is inaccessible to children. ([see Appendix Four](#))

Families will:

- Advise services if their child's condition has been reviewed and/or changed by a medical practitioner as this may result in amendments to the child's Anaphylaxis Management Plan, Risk Management Plan and Communication Plan. Update all documentation and labelling of medicine in accordance with any changes.
 - Provide an unused, in-date adrenaline auto-injection device/medication at all times their child is attending the service. If this is not provided the child will be unable to attend.
 - Ensure that the child's Anaphylaxis Action Plan is specific to the brand of adrenaline auto-injection device (AAID) prescribed by the child's medical practitioner.
 - Assist the Nominated Supervisor and educators to ensure the following documentation is complete and available prior to a child attending the service.
 1. **Anaphylaxis Action Plan** ([see Appendix One](#))
To be completed by the child's Medical Practitioner on the relevant template from the Australasian Society of Clinical Immunology and Allergy.
 2. **Risk Minimisation Plan for Anaphylaxis** ([see Appendix Two](#))
To be used to plan for, document and manage different risk exposures that might potentially arise during a child's participation at the service.
 3. **Anaphylaxis Communication Plan** ([see Appendix Three](#))
To be used for documenting communication and partnership between the service and the family regarding the wellbeing of the child.
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5. Related References

5.1 Community & Council Plan 2017-2021

- We have confidence in decision-making.

5.2 Relevant Legislation

- ACECQA Three – Guide to the National Quality Standard. (January 2018). Quality Area 2 Children’s Health and Safety
- Education and Care Services National Law Act 2010: Section 167,169
- Education and Care Services Nation Regulations 2011: Regulations 90-96, 102,136,137, 146, 147, 160-162, 168(2)(d), 173, 177, 181, 183, 184, 246.
- Health Records Act 2001 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)

5.3 Charter of Human Rights

- This policy has been assessed against and complies with the charter of Human Rights.

5.4 Related Council Policies & Procedures

- Nil

5.5 Related Family and Children Services Procedures

- Administration of First Aid Procedure
- Administration of Medication Procedure
- Asthma Management Procedure
- Equity, Diversity and Inclusion Procedure
- Medical Conditions Procedure
- Diabetes Management Procedure
- Enrolment and Orientation Policy & Procedure
- Excursions and Incursions Procedure
- Nutrition, Oral Health, Beverages and Dietary Requirements Procedure
- Hygiene and Infectious Diseases Procedure
- Incident, Injury, Trauma and Illness Procedure
- Supervision of Children Procedure

5.6 Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their [website](#).
- [Allergy & Anaphylaxis Australia Inc.](#) is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers.
- [Australasian Society of Clinical Immunology and Allergy \(ASCI\) www.allergy.org.au](#) provides information and resources on allergies. Action plans for anaphylaxis are available to be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also located on this site.

All Team Leaders, Educators and staff working for Knox City Council Early Years Services are required to read and understand all Knox City Council Early Years Policies and Procedures.

We strongly recommend all families enrolling in Knox City Council Early Years Services read the Knox City Council Early Years Services Policies and Procedures.

6. Definitions

Adrenaline auto-injection device	An intramuscular injection device (i.e. epi-pen) containing a single dose of adrenaline designed to be administered by people who are not medically trained.
Allergen	A substance that can cause an allergic reaction.
Allergy reaction	An adverse reaction involving the immune system, which is the result of inhaling, swallowing or touching a substance to which a person is allergic. It can also follow injections of medicines, insect stings or insect bites. Allergic reactions can be mild to moderate or severe (anaphylaxis). Whilst touching an allergen can cause mild-moderate symptoms, it rarely triggers anaphylaxis.
Anaphylaxis	<p>This is the most severe type of allergic reaction resulting in life threatening respiratory and/or cardiovascular symptoms. Anaphylaxis can involve many organs of the body such as the:</p> <ul style="list-style-type: none"> • Upper airways - swelling of the throat leading to difficulty breathing. • Nose - sneezing, blocking, watering, runny nose. • Lungs - wheezing and asthma. • Cardiovascular system - a fall in blood pressure and collapse. • Skin - welts and hives (urticaria) <p>If untreated, anaphylaxis may cause death. Foods, medicines or insects to which a person has developed an allergy usually cause anaphylaxis.</p>
Food Tolerance	An adverse reaction by the body to ingested foods or chemicals not involving the immune system.
Food Allergy	An adverse reaction to foods such as peanuts, tree nuts, fish, shellfish, egg, soy, wheat, sesame and cow’s milk that involves the immune system.
Food Sensitivity	Another term for food allergy.
Medical Practitioner	Means a person registered under the Health Practitioner Regulation National Law to practice in the medical profession.

For further glossary and definitions, please see: *Family and Children’s Services Quality System Glossary and Definitions*.

7. Administrative Updates

From time to time, circumstances may change leading to the need for minor administrative changes to this procedure. Where an update does not materially alter this policy, such a change can be made administratively. Examples of minor administrative changes include changes to names of Council departments or positions, change to names of Federal or State Government departments or a minor amendment to legislation that does not have material impact. Council will consider any change or update that may materially change the intent of this policy.


Updates	Version		
16 Nov 23	3.1	Addition Link added	Appendix One – Action Plans Added in link to General Plan for either EpiPen or AnaPen
16 Nov 23	3.1	Updated link to General First Aid Plan	Appendix One –First Aid Plan Updated link to General Plan for either EpiPen or AnaPen

Appendix One – Anaphylaxis Action Plans

Please Note: The ASCIA Action Plans are valid for use until the 'due for review date' on the plan. Review ASCIA link below for additional forms and the latest plans


[Australian Society of Clinical Immunology and Allergy \(ASCIA\) website - www.allergy.org.au](http://www.allergy.org.au)

ASCIA Action Plan Anaphylaxis Red EpiPen 2023




australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

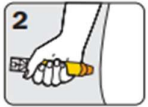


How to give EpiPen® adrenaline (epinephrine) injector



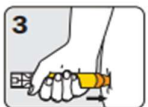
1

Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE




2

Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®



Instructions are also on device labels. For video instructions scan this QR code:

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off






SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright






- 2 GIVE ADRENALINE INJECTOR**
- 3** Phone ambulance - 000 (AU) or 111 (NZ)
- 4** Phone family/emergency contact
- 5** Further adrenaline may be given if no response after 5 minutes
- 6** Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally


ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.


[ASCIA Action Plan Anaphylaxis Red EpiPen & Anapen 2023.pdf](#)

General Form for either EpiPen or AnaPen



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis



Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.



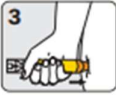
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

EpiPen®

- 1  Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 2  Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
- 3  PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

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- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
- 2 GIVE ADRENALINE INJECTOR
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.


If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Anaphylaxis First Aid Plans

The general version of this plan can be used as a poster or stored with either brand of general use adrenaline injector devices.


[ASCIA First Aid Plan Anaphylaxis Orange EpiPen & AnaPen 2023](#)



australian society of clinical immunology and allergy
www.allergy.org.au

FIRST AID PLAN FOR


Anaphylaxis

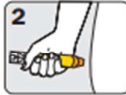


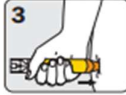
Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

EpiPen®

- 


1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE
- 


2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)
- 


3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®


EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

- 

1 PULL OFF **BLACK** NEEDLE SHIELD
- 

2 PULL OFF **GREY** SAFETY CAP from red button
- 

3 PLACE NEEDLE END **FIRMLY** against outer mid-thigh at 90° angle (with or without clothing)
- 

4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

<p>SIGNS</p> <ul style="list-style-type: none"> Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy 	<p>ACTIONS</p> <ul style="list-style-type: none"> Stay with person, call for help Locate adrenaline injector Phone family/emergency contact Insect allergy - flick out sting if visible Tick allergy - seek medical help or freeze tick and let it drop off
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- 4** Phone family/emergency contact
- 5** Further adrenaline may be given if no response after 5 minutes
- 6** Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

© ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

Appendix Two – Risk Minimisation Plan

Child's Name		Date	
Service Name		Room	
Medical Management Plan Location (including child's photo)			
Known Allergen/s	Potential Sources of Exposure (for each allergen)		Strategies to Minimise Exposure to Allergen/s
Plan Review: Family and Service Staff			Date
To be conducted annually, or after any incident exposure or change in known allergy/anaphylaxis			
Parent Name		Staff Name	
Parent Signature		Staff Signature	

Suggested Scenarios and Strategies: Appendix Two Continued

Scenario	Strategy
Lunch/Snack Time Celebration/Special Event	<ul style="list-style-type: none"> • Family provides all the food for the 'at risk child' • Bottles, other drinks and lunch boxes provided by the family are clearly labelled with the child's name. • There is a system in place to ensure the 'at risk child' is served only the food prepared for him/her. • Children are supervised during eating • Children are reminder of the importance and reasons why they should not share food or drink with each other and particularly with the 'at risk child'. • Menus are planned in conjunction with families of 'at risk children' and food is prepared according to families' instructions. • Ensure separate storage of foods containing allergens. • Cook and staff observe food handling, preparation and serving practices to minimize the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers. • An 'at risk child' is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes. • Ensure the 'at risk child' only has the food approved by his/her family. • Check that children wash hands before and after eating
Cooking Experience	<ul style="list-style-type: none"> • Families of the 'at risk child' are advised well in advance and included in the planning process. Families may prefer to provide the ingredients. • Discuss with families and incorporate suggestions for cooking experiences, which will enable inclusion and participation.
Protection from Insect Bites	<ul style="list-style-type: none"> • Specify play areas that are lowest risk to the 'at risk child' and encourage play in this space. • Monitor the number of plants and play areas that attract bees, wasps, spiders and mosquitoes. • An 'at risk child' applies insect repellent and takes medication as per Action Plan prior to outdoor play. • Manage any instance of insect infestations with appropriate pest control measures.
Latex Allergies	<ul style="list-style-type: none"> • Avoid the use of party balloons or contact with latex gloves.
Education of children and families	<ul style="list-style-type: none"> • Teaching strategies used to raise awareness of all children about allergies and anaphylaxis.

Appendix Three – Anaphylaxis Communication Plan

Communication Checklist for Parents & Educators			
Child Name			
Parents of children shall work in collaboration with educators to provide the following:			
• Information about their child’s allergies/anaphylaxis upon enrolment and following a review of their condition by a medical practitioner.			<input type="checkbox"/>
• Anaphylaxis Action Plan completed by a medical practitioner giving consent to use the adrenaline auto-injection device in line with this action plan. The adrenaline auto-injection device kit is clearly labelled with the child’s name.			<input type="checkbox"/>
• Signed Anaphylaxis Risk Minimisation Plan with the service and is completed in conjunction with Educators.			<input type="checkbox"/>
• Assurance that adrenaline auto-injection devices and medication expiry dates are checked and accessible every time the child attends the service.			<input type="checkbox"/>
• Assistance by offering information and answering any questions regarding their child’s allergies.			<input type="checkbox"/>
• Immediate communication of all relevant information and concerns relating to the health of the child.			<input type="checkbox"/>
• Assistance by discussing relevant issues with educators that could affect the child’s care.			<input type="checkbox"/>
• Confirmation they are familiar with, and will adhere to, the anaphylaxis management procedures of the service.			<input type="checkbox"/>
Educators/Staff shall:			
<ul style="list-style-type: none"> • Read and be familiar with the procedure. • Follow all procedures outlined in this document. 			
Agreement And Action Declaration			Date
Parent Name		Staff Name	
Parent Signature		Staff Signature	



Anaphylaxis Management Procedure

Appendix Three Continued – Communication and Management

Child Name		Parent Name		Contact Details	
Anaphylaxis Procedure provided to family (insert date)					
Adrenaline Auto Injection Device provided to service (insert date)					
Location of Auto Injection Device					
Routine Checks of Auto Injection Device					
Term 1	Date		Staff Name		Staff Signature
Term 2	Date		Staff Name		Staff Signature
Term 3	Date		Staff Name		Staff Signature
Term 4	Date		Staff Name		Staff Signature
Kindergarten only: Information is provided in the Relievers Folder: Names of ‘at risk children’ and locations of Anaphylaxis Plans, Auto Injection devices and procedures.					
Date		Staff Name		Signature	

Appendix Four – Checklist for Early Years Services

Responsibilities of Nominated Supervisor	
Child Name	
<ul style="list-style-type: none"> Ensure a copy of the child’s Anaphylaxis Plan is known and visible to all Educators. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Follow the child’s Anaphylaxis Action Plan in the event of an allergic reaction, which may progress to anaphylaxis. 	<input type="checkbox"/>
<ul style="list-style-type: none"> In the situation where a child who has not been diagnosed with anaphylaxis, but appears to be having an anaphylactic reaction, the nominated supervisor will: <ul style="list-style-type: none"> Call ambulance immediately by dialing 000 Commence First Aid measures Contact the primary emergency contact Contact the person to be notified in the event of an illness if the primary emergency contact cannot be contacted 	<input type="checkbox"/>
<ul style="list-style-type: none"> Practice the administration procedures using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ask all families as part of the enrolment procedure, prior to their child’s attendance at the service, whether a child has allergies and document this information on the child’s enrolment record. If a child has allergies, ask family to provide an Anaphylaxis Action Plan completed by a medical practitioner before the child begins at the service. Inform family that it may take 5-10 days before the child can attend to implement all documentation. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ensure any family identifying children diagnosed with anaphylaxis after enrolment are asked to provide an Anaphylaxis Action Plan completed by a Medical Practitioner before the child’s next attendance at the service and if needed inform the family of any delay to the child returning to the service to implement all documentation. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ensure that families provide an Anaphylaxis Action Plan completed by a medical practitioner and a complete adrenaline auto-injection device (AAID) kit and medication (if required) every time the child is present at the service along with any medication documented on the Action Plan as the child is not permitted to attend the service without it. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ensure that the adrenaline auto-injection device (AAID) kit 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 any direct sources of heat. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ensure on excursions that a trained staff member from the service carries the adrenaline auto-injection device (AAID) kit containing a copy of the Anaphylaxis Action Plan for each child at risk of allergic reaction. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Check the adrenaline auto-injection device (AAID) and medication expiry date quarterly and work with families to obtain an updated device and medication as the expiry date approaches. Children with anaphylaxis are not permitted to attend the service without a current auto-injection device or medication (if required). (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device (AAID) to the end of the nominated expiry month. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Inform the family that the Anaphylaxis Action Plan will be prominently displayed. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Complete and implement a Risk Minimisation Plan, which includes strategies to address the 	<input type="checkbox"/>

particular needs of each child at risk of anaphylaxis reaction.	
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Appendix Four Continued – Checklist for Early Years Services: Responsibilities of Nominated Supervisor

<ul style="list-style-type: none"> • Ensure families of a child at risk of anaphylaxis have been provided with a copy of the services' Anaphylaxis Management Procedure. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure alternative food provided by the family is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • If food is prepared at the service, ensure measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure family current contact details are available. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Provide information to the service community about resources and support for managing allergies. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Comply with the procedures outlined in the documents. 	<input type="checkbox"/>

Nominated Supervisor Responsible

Name			
Signature		Date	
Witness Name			
Witness Signature		Date	