

Victorian Children's Services

Anaphylaxis Management

Practice Note 3 | December 2009
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Anaphylaxis is a severe form of allergy reaction and it can be fatal. While the incidence of death from anaphylaxis is very low, children can die without appropriate intervention.

Children's Services Legislation

The *Children's Services Act 1996* (Victorian Act) (section 26A) requires all children's services to have an anaphylaxis management policy. The *Children's Services Regulations 2009* (Victorian Regulations) prescribe requirements and in particular training requirements related to anaphylaxis.

What does this mean for your service?

All proprietors of licensed children's services must have an anaphylaxis management policy in place (section 26A). This requirement applies whether or not you have a child enrolled who has been diagnosed as at risk of anaphylaxis. The matters that must be included in the anaphylaxis management policy are in Schedule 3 of the Regulations.

What are the requirements under the Regulations?

- Proprietors of licensed children's services must ensure that all staff members complete first aid and anaphylaxis management training every 3 years (regulation 63).
 - If your service is caring for or educating a child who has been diagnosed as at risk of anaphylaxis then all staff members on duty must have undertaken approved anaphylaxis management training whenever caring for or educating the child (regulation 67).
- The following courses are recognised and approved by the Secretary for the purpose of the Regulations:
 - Course in Anaphylaxis Awareness - 21827VIC or 10313NAT
 - Course in First Aid Management of Anaphylaxis - 22099VIC
 - Anaphylaxis E-Training for Australasian Childcare – Australasian Society of Clinical Immunology and Allergy (ACSIA)
 - Anaphylaxis Training for NSW Childcare – Australasian Society of Clinical Immunology and Allergy (ACSIA)
 - Anaphylaxis Training for WA Childcare – Australasian Society of Clinical Immunology and Allergy (ACSIA)
 - Course in Anaphylaxis Management in WA Education and Care Services provided by the Department of Education WA
 - Management and Prevention of Allergy and Anaphylaxis provided by the Royal Children's Hospital Melbourne
 - Anaphylaxis e-learning program provided by the NSW Department of Education and Communities
 - Apply Advanced First Aid – HLTA412A
 - Course in Anaphylaxis Management – 30728QLD
 - Course in Emergency Asthma and Anaphylaxis Management – 80969ACT
 - Ensure the Health and Safety of Children – CHCCN301B, CHCCN301C or CHCECE002
 - Provide an emergency first aid response in an education and care setting - HLTAID004
 - Vocational Graduate Certificate in Anaphylaxis Management Training – 21830VIC

- Proprietors of licensed children's services must ensure all staff members on duty have undertaken training in the administration of the adrenaline auto injection device at least every 12 months (regulation 65).
- It is recommended that all staff members practise using the adrenaline auto injection device quarterly, whether or not a child with anaphylaxis is enrolled and attending the service. This should be recorded in the staff record (regulation 38).
- A current anaphylaxis medical management action plan for the child (prepared and signed by the child's medical practitioner) must be recorded as part of the child's health information and kept in the enrolment record for that child (regulation 34).
- A risk minimisation plan must be developed in consultation with the child's parents/guardians (Schedule 3).
- Staff members must be able to identify where the adrenaline auto injection device is located for each child (Schedule 3).

The Proprietor must ensure that an authorisation form signed by a person authorised to consent to the administration of medication is complete (section 29B and regulation 83) and attached to the child's enrolment record (regulation 33).

What can licensed children's services do to minimise the risk for children at risk of anaphylaxis?

Awareness

- Ensure that all staff members (including relief staff, volunteers and students) are aware of – and able to identify – each child diagnosed at risk of anaphylaxis.
- Ensure all staff members (including those new to the service) are aware of the individual anaphylaxis medical management action plans for each child diagnosed as at risk of anaphylaxis.
- Ensure that all staff members are aware of the allergens that can lead to anaphylaxis in young children. The most common are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some drugs. However, anaphylaxis is not limited to these allergens.

Communication

- Ensure that a copy of the service's anaphylaxis management plan is provided to the parent or guardian of a child diagnosed as at risk of anaphylaxis.

- Advise all parents that the service is caring for and educating a child at risk of anaphylaxis.
- Maintain frequent communication with staff members, family day carers and parents/guardians about changes in allergy triggers and/or management plans.
- Licensed children's services must display a notice stating that a child who has been diagnosed as at risk of anaphylaxis is being cared for or educated at the service (regulation 40(1)(k)).

Planning and assessment

- Consider anaphylaxis management when planning excursions, routine outings and special days.

Medication

- Store anaphylaxis medication out of reach of children (regulations 84(3)).
- Keep medication away from heat (regulations 84(3)).
- Ensure the medication and the anaphylaxis medical management action plan are kept together in a kit and are accessible to staff when children are inside, outside or on excursions (regulation 74(4)(d)).

Food handling and storage

- Have safe food preparation procedures (regulation 80).
- Ensure that staff members check all foods that have been sent from home.
- Label food containers clearly and accurately with the child's name and/or the contents of the container.
- Make sure children wash their hands before and after meals.