Allergy and Anaphylaxis Policy

**POLICY STATEMENT:**

Waratah All Year Care aims to provide and maintain a healthy environment at all times. To assist in this all staff will be made aware of children’s individual health requirements and allergies, and how to respond in the event of an emergency. We will support the families with anaphylaxis and allergy requirements with the centre providing inclusion and support in the daily activities and routines

**CONSIDERATIONS:**

* Regulation 90 Medical Conditions Policy
* Regulation 91 Medical Conditions Policy to be provided to family members
* Regulation 93 Administration of Medication
* Regulation 94 Exception to authorisation requirement – Anaphylaxis or Asthma emergency
* Regulation 95 Procedure for administration of medication
* Regulation 96 self administration of medication
* Regulation 162 Health information to be kept in Enrolment record
* Regulation 168 (2)(d) Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90
* National Standard 2

Element 2.1.1 Each child’s health needs are supported

2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury

2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

**PROCEDURE:**

* Ensure the most current information provided by family members is available to staff
* Ensure all staff have access to the ‘action plan’ provided by family members, and are aware of any special arrangements that are required to assist with the safety of the child while at the centre
* Ensure all staff are trained in administering Epi Pens and the causes and symptoms of Anaphylaxis
* When leaving the centre with the child, ensure the child’s Epi-Pen is always taken
* The centre will not supply any food that may put that child at risk

**COMMON SYMPTOMS**

|  |  |
| --- | --- |
| Mild to Moderate Allergic Reactions   * Itchiness to palms or soles * Faintness * Tingling of the mouth * Hives, welts or body redness * Swelling of the face, lips and eyes * Vomiting, abdominal pain | Severe Allergic Reaction – Anaphylaxis   * Difficulty and / or noisy breathing * Swelling of the tongue * Swelling or tightness of the throat * Difficulty talking or hoarse throat * Wheeze or persistent cough * Loss of consciousness and / or collapse * Pale and floppy (young children) |

Source: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**DATE ENDORSED March 2015**

**DATE TO BE REVEIWED March 2018**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RISK ASSESSMENT | | | | |
| ACTIVITY / HAZARD IDENTIFIED | RISK ASSESSMENT  Before elimination/ control measures  (USE MATRIX) | ELIMINATION / CONTROL MEASURES | RISK ASSESSMENT  After elimination/ control measures  (USE MATRIX) | WHO AND WHEN |
| Child not diagnosed as Anaphylactic or with Allergies | Low | All staff will be trained via an approved Anaphylactic course for the symptoms and use of an Epi Pen  If a staff member spots a child in difficulty with symptoms of anaphylaxis they are to request assistance at one to retrieve the epi pen, emergency services will be contacted.  If the situation worsens the Epi pen will be administered, the child will be monitored and cared for, family members and emergency services will be contacted  Ecru will be notified | Low | All Staff  All Staff  Nominated Supervisor / person in charge |
| Children diagnosed with Anaphylactic and / or Allergies | Moderate | Child’s name will be on our Allergy awareness board in the kitchen  All staff will be informed about the child’s condition as soon as practicable  family members will be asked to disclose this information on enrolment and keep the centre updated with any changes to the child’s condition | Low | All Staff  Director  Director |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Risk Matrix** | | | |
| **Note:**  *Risk matrix does not fit all situations.*  *If in doubt, please contact*  *Leigh Metcalf 0414 535 685.* | | **CONSEQUENCES** | | | | |
| **MINIMAL**  No Injury  Minor impact | **MINOR**  First Aid  Events with no adverse effects | **MODERATE**  Medical Treatment required  Events with temporary adverse effects  Notify Regulatory Authorities | **MAJOR**  Extensive injury  Events with long-term effects  Notify Regulatory Authorities | **CATASTROPHIC**  Fatality or permanent disability  Event with major impact  Notify Regulatory Authorities |
|
| **LIKELIHOOD** | **PROBABLE**  Is expected to occur in most circumstances | MEDIUM | MEDIUM | HIGH | HIGH | HIGH |
| **LIKELY**  Will probably occur in many circumstances | MEDIUM | MEDIUM | HIGH | HIGH | HIGH |
| **POSSIBLE**  Could occur at some time | LOW | MEDIUM | MEDIUM | HIGH | HIGH |
| **UNLIKELY**  Not expected to occur | LOW | LOW | MEDIUM | MEDIUM | HIGH |
| **IMPROBABLE**  May occur only in exceptional circumstances | LOW | LOW | LOW | MEDIUM | HIGH |