Policy No. 6

ANAPHYLAXIS (SEVERE ALLERGY) POLICY

Anaphylaxis is a severe and sudden allergic reaction and is usually triggered by food, medication or insect venom resulting in symptoms that include breathing difficulty, swelling of tongue and throat, wheezing or persistent coughing and / or collapse. The most likely food triggers include: cows milk, eggs, nuts, fish, shellfish and soy.

Anaphylaxis characteristically occurs soon after exposure to the trigger and reactions can be serious and life threatening. First Aid management is usually effective in preventing the serious complications of anaphylaxis.

This policy has been developed from information and resources provided by parents, specialists and from the Australian Society of Clinical Immunology and Allergy (ASCIA) website www.allergy.org.au

Steps in the prevention of anaphylaxis?

The key to preventing an anaphylactic reaction is to avoid exposure to the trigger. Can a trigger (s) always be avoided? No, however when the trigger is known, measures can and should be put in place to prevent additional exposure

(i) Obtain medical information about children at risk from parent / caregiver on enrolment or when notified

Following identification of children with allergies, the next step is the provision of documentation by parents, such as an Anaphylaxis Action Plan, which has been provided by a registered medical practitioner and includes the following;

- Clear identification of the child (photo)
- Documentation of the allergic triggers
- Documentation of the first aid response including any prescribed medication
- Identification and contact details of the doctor who has signed the action plan.

The identification of children by Medic Alert bracelets or other forms of distinction is not considered mandatory.

(ii) Education of those responsible for the care of children concerning the risk of food anaphylaxis

Recognition of the risks and understanding the steps that can be taken to minimise food anaphylaxis by all those responsible for the care of children in our Centre are the basis of prevention. All Centre staff undertake First Aid training. Additional training is required in Asthma and anaphylaxis in accordance with the Education and Care Services National Regulations.

(iii) Practical strategies to avoid exposure to known triggers

Avoidance of specific triggers is the basis of anaphylaxis prevention.

As a general principle, it is not recommended that children with a food allergy be physically isolated from other children. However:
• There should be no sharing of food, food utensils and food containers unless with direct staff supervision in cooking or food preparation / tasting occasions.
• It is ideal that children with severe food allergies should only eat lunches and snacks that have been prepared at home.
• Bottles, other drinks and lunch boxes provided by the parents for their children should be clearly labelled with the name of the child for whom they are intended.
• The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
• People preparing food should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.

(iv) Age appropriate education of children with severe food allergies

Whilst it is primarily the responsibility of parents that the child is taught to care for themselves, children are dependant on carers for providing a safe environment and our Centres role to implement and reinforce the management and review of this policy. As children mature, they are able to take more responsibility for their own care.

3. GENERAL FOOD POLICY MEASURES

• The risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low.

• On occasions casual skin contact will provoke urticarial reactions (hives)
• Simple hygiene measures such as hand washing and bench-top washing are considered appropriate.

• Food removal should only occur following recommendation by a relevant medical specialist and the provision of documentation of this recommendation.

4. FOOD POLICY MEASURES SPECIFIC TO THE CENTRE

• As we might have children attending our Centre with severe allergies to nuts (peanuts and tree nuts) and eggs risk minimisation has been implemented.
• This involves the removal of items with the relevant allergy eg nuts and as an ingredient, but does not apply to those foods labelled "may contain traces (or may contain) of nuts" & eggs.
• Risk minimisation also includes ensuring carers do not send nut and egg products due to the higher risk of person to person contact in younger children.

Where meals are brought from home

• Measures are taken to remove highly allergenic foods where transfer from one child to another is likely (such as whole eggs and nut products).
• Families of all children are asked not to send meals containing highly allergenic foods such as egg and nut products (including peanut butter, nutella) as there are children at risk of anaphylaxis to these foods.
• It is realised that it is not possible to eliminate all food products such as milk products in bread or margarines from the foods brought to the Centre.
• In some circumstances, it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served.
Where food preparation is undertaken at the Centre

- For severely allergic children the best option may be to bring meals prepared from home.
- If it is decided to provide food prepared at the Centre to a child at risk, then the food prepared for all children should not contain the ingredients such as milk, egg and nut products to which the child is at risk.
- Food removal should only occur following recommendation by a relevant medical specialist and provision of documentation of this recommendation.
- Families and staff will communicate together to provide and document information and procedures specific to the individual child’s allergy requirements.

5. STAFF RESPONSIBILITIES

If unsuitable food is bought into the centre eg peanut butter, nutella, or whole egg staff will do the following;

1. Remove the food item and dispose of it in a sealed plastic snap lock bag with the child’s name on it.
2. Place the sealed food item in the freezer.
3. Child and adult who handled the food item will thoroughly wash hands per hand washing procedure.
4. Staff member to thoroughly wash the area where the food was placed or opened.
5. Staff member to ring the parent to inform them of the inappropriate food item and that they can bring in something else.
6. Send the sealed food item home with the parent at the end of the day with the centres reminder note re inappropriate food items attached to it.

**DO NOT PUT THE SEALED INAPPROPRIATE FOOD ITEM BACK INTO THE CHILD’S BAG. GIVE IT TO THE PARENT AT THE END OF THE DAY.**

**BUS CHILDREN: PLACE THE SEALED FOOD ITEM IN THE CHILD’S LUNCH BOX AT THE END OF THE DAY.**

Sources and further reading

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

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Signatures:  
Chairperson, Governing Council  
Centre Director  
Vicki Reichelt