

POLICY STATEMENT

Holistic Approach Family Day Care is committed to:

- Providing, as far as practicable, a safe and supportive environment in which children at risk of anaphylaxis and asthma can participate equally in all activities;
- Raising awareness about anaphylaxis and asthma and the child care service's anaphylaxis and asthma management policy in the child care community;
- Engaging with parents/guardians of children at risk of anaphylaxis and asthma in assessing risks and developing risk minimisation strategies for the child.

The key to the prevention of anaphylaxis and asthma in child care services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between child care services and parents/guardians is important in helping children avoid exposure.

The approved provider will ensure that parents/guardians understand the serious nature of some allergies and how they can assist the service to avoid allergens; to be informed and educated in regard to anaphylaxis and asthma, appropriate policies are written, adhered to and regularly updated; staff / educators are prepared to act in emergency situations;

BACKGROUND:

ANAPHYLAXIS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing with approximately 1 in 20 Australian children having food allergy and approximately 1 in 50 having peanut allergy.

Anaphylaxis is a life threatening condition that always requires an emergency response.

The most common allergens in children are:

- peanuts
- eggs
- tree nuts (e.g. cashews)

- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

ASTHMA

Asthma affects 1 in 6 children and is one of the most common causes of hospital admission and visits to the doctor by children under 5 years of age. There is also evidence that the prevalence and severity of asthma in children is increasing.

As young children do not generally have the skills and ability to recognise and manage their own asthma effectively, it is vitally important that educators ensure that a child's asthma symptoms are managed appropriately whilst in care.

AIM:

The protection of children in the service is paramount. Holistic Approach FDC will ensure inclusiveness and non-discrimination for children in our service.

To reduce the families anxiety and allow them to feel confident that their child is safe and to feel that their concerns are taken seriously.

To document strategies for the implementation of best practice asthma and anaphylaxis management and / or children with a medical condition within a family day care setting so that:

- All children enrolled at the service who have asthma, anaphylaxis or medical conditions can receive appropriate action as required.
- Children with asthma, anaphylaxis and medical conditions have the same opportunities to participate in play and education as those children without the condition.

The service can respond to the needs of children who have not been diagnosed with a medical condition in an efficient and professional manner.

PROCEDURE:

Identifying Children with Allergies / Medical Conditions

- Prior to enrolment or as soon as an allergy or medical condition is diagnosed, the service will develop an Individual Medical Condition, Allergy or Anaphylaxis Health Care Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- At the time of enrolment parents/guardians will be asked to identify if their child has any special dietary needs. Where special needs are stated, the parent/guardian will be asked to provide further information which will be noted on the child file and provided to the educator. This will be reviewed with the parent/guardian and the educator as required.

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

- The child's name and the educator they are in care with,
- Where the child's Medical Action Plan will be located;
- Where the child's medication is located;
- If a child in the service has Anaphylaxis a sign will be displayed at the educator's service advising all families a child in the service has this condition and the allergic reaction.
- A risk Minimisation Plan will be in place to ensure specific strategies for each individual case

As stated in Regulation 12: If a child has an Anaphylactic reaction then this is considered a 'serious incident' and would need to be reported to the HAFDC consultant and management so that the regulatory authority can be notified within 24hrs.

Holistic Approach Family Day Care will:

- Provide all Educators with a copy of the Asthma / Anaphylaxis and Medical Conditions Policies and Procedures.
- Ensure that all Educators are informed of the children with medical conditions in their care.
- Ensure that the FDC Scheme has an Asthma Emergency Kit and Anaphylaxis Emergency Kit available at the office at all times.
- Ensure that the educators have an Asthma Emergency Kit available at their service (provided by the child's family).

- Ensure that the educators have an Anaphylaxis Emergency Kit available at their service if a child in their care has been diagnosed with Anaphylaxis (provided by the child's family).
- Encourage open communication between families/guardians and educators regarding the status and impact of a child's medical condition.
- A sign will be displayed at the educators service advising all families a child in the service has this condition and the allergic reaction.

Educators will:

- Ensure that they maintain current First Aid including Asthma and Anaphylaxis management training update the training every three years.
- Ensure that they are aware of the children in their care with asthma, anaphylaxis or a medical condition.
- Ensure that all relief educators and volunteers are informed of the children with asthma, anaphylaxis and medical conditions in care.
- In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma and anaphylaxis.
- Promptly communicate any concerns to families should it be considered that a child's asthma or anaphylaxis is limiting his/her ability to participate fully in all activities.
- Ensure that all regular prescribed medication is administered in accordance with the information on the child's Action / Management Plan.
- Administer emergency medication if required according to the child's Action / Medication Plan.
- Document the use of medication according to the *Administering Medication Policy* and notify parents/guardians.
- Provide families with the contact details of appropriate services if further advice / support is needed.
- Ensure a Risk Minimisation Plan is in place
- Ensure there is access to the HAFDc policies and Procedures

Families will:

- Provide all relevant information regarding the child's Action / Management Plan as provided by the child's medical practitioner.
- Notify the educator / staff, in writing, of any changes to the Action / Medical Plan during the year.
- Communicate all relevant information and concerns with the educator as the need arises e.g. if asthma or anaphylaxis symptoms were present during the night.

Emergency Procedures

Anaphylaxis

- The child's Medical Action Plan will be placed in a prominent position at the service. This will ensure it can be regularly read by the educator, staff, families and visitors where the child may be present during the day. The need to display the child's Medical Action Plan will be fully discussed with the child's parents/guardians and their authorization obtained for this.

The plan is to be updated as required by the medical practitioner

- Parents/guardians are responsible for supplying the child's medication and ensuring that the medication has not expired.
- The child's 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 and inaccessible of the children, suitable and readily available to the educator.
- It is quite possible that a child with no history of previous allergies, may have their first reaction whilst at the educators service, as these reactions only occur after the second exposure to the allergen. If the educator / staff believe a child may be having an anaphylactic reaction and the service has an adrenaline autoinjector both EpiPen & Anapen

for general use, this should be administered immediately and an ambulance called. If the service does not have an adrenaline autoinjector both EpiPen and Anapen for general use, the educator / staff must follow emergency First Aid procedures and ring for an ambulance immediately.

- National regulations allow for the administration of medication to a child in an emergency situation regardless of whether the authorisation to administer has been obtained by the child's parent. This applies to specific requirements as covered in regulation 94 of the National Regulation and regulations 80 & 81 of the supplementary Regulation.



As stated in Regulation 12: If a child has an Anaphylactic reaction then this is considered a 'serious incident' and would need to be reported to the HAFDC consultant and management so that the regulatory authority can be notified within 24hrs.

Asthma

- In accordance with the Asthma Foundation's guidelines for children's services, Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this service give the following undertakings:
- If a child has difficulty in breathing and there is no notification on any written communication from the parents/ guardian about them having asthma; call an ambulance immediately, follow the Asthma First Aid Plan and contact the parents immediately. No harm is likely to result from giving a reliever puffer to someone without asthma.
- The Child's Medical Action Plan will be placed in a prominent position at the service. This will ensure it can be regularly read by the educator, staff, families and visitors where the child may be present during the day. The need to display the child's Medical Action Plan will be fully discussed with the child's parents/guardians and their authorization obtained for this. The plan is to be updated as required by the medical practitioner.

RISK MINIMISATION STRATEGIES:

In the child care environment, strategies used to reduce the risk of asthma and anaphylaxis for individual children will depend on the nature of the allergen / asthma / medical condition and the severity and maturity of the child.

Whenever possible the service will minimise exposure to known allergens by:

- A child at risk of food anaphylaxis should only eat lunches and snacks that have been prepared at home or at the family day care service under strictly supervised conditions. Children should not swap or share food, food utensils and food containers. Identify foods that contain the known allergen and replace with other suitable foods or remove food altogether it would be best to check with the consulting Doctor as to whether the food should not be in the service at all.
- Special care will be taken to avoid cross contamination occurring at the family day care service by providing separate utensils for a child with allergies, taking extra care when cleaning surfaces, toys and equipment, and ensuring strict compliance with the family day care service's hygiene policies and procedures.



- For some children with food allergy, contact with small amounts of certain foods (e.g. nuts) can cause allergic reactions. For this reason, all parents/guardians will be advised of specific food allergies and how they can assist the service minimise the risk of exposure to known allergens.
- Some children have severe allergic reactions to insect venoms. Prevention of insect stings from bees and wasps include measures such as:
 - wearing shoes when outdoors
 - closing windows in cars and buses
 - taking great care when drinking out of cans, walking around pools, at the beach, or when walking in grasses which are in flower.
- Educators, household members and volunteers 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.
- Particular care will be taken when planning cooking or craft activities involving the use of empty food packaging to avoid inadvertently exposing the child to allergens. The same level of care will be employed to outside activities.
- Educators and volunteers will help the child at risk of anaphylaxis / asthma 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 an educator / consultant or volunteer 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.

Education of Children

- Educators and consultants will talk to children about foods that are safe and unsafe for the anaphylactic child.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils and not eating food that is shared.



- Educators and consultants 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.
- 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.

Legislation

- HAFDC will ensure personal details provided by parents/guardians are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988 and other regulatory requirements. The need to display personal details included on the child's ASCIA Action Plan will be discussed with parents/guardians, and their written consent obtained prior to display.
- The Educator must ensure that, except in an emergency, medication is not administered to an enrolled child without the written authority of the parent/guardian. In all other circumstances, the child care service will require the parent/guardian's written authority (including the Child's ASCIA Action Plan) to administer any medication to their child.
- Provide families with a copy of the Asthma / Anaphylaxis and Medical Conditions Policies and Procedures upon enrolment.

A notice is required to be displayed at the service premises if a child who has been diagnosed with Anaphylaxis is enrolled at the service.

SOURCES / RELEVANT LEGISLATION:

Education and Care Services National Law
Education and Care Services National Regulation
National Quality Standards ACEQCA
NSW Department of Health
Asthma Foundation
ASCIA Australasian Society of Clinical Immunology and Allergy.
NSW Department of Education and Communities / Anaphylaxis Guidelines.
Amendments to the Education and Care Services National Regulations

Review Process:		
Version:	Date Reviewed:	Person responsible:
Version 1	September 2014	Tracey Yeomans
Version 2	March 201	Vicki Carmichael / Tracey Yeomans
Version 3	January 2017	Lucinda Stott / Vicki Carmichael
Version 4	April 2018	Alina Dan

This policy is the intellectual property of Holistic Approach Family Day Care Scheme and is created with consultation of educators and families attending the service.

This policy will be reviewed as required.

This policy is available in other languages upon request.