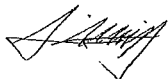
 YMCA We build strong PEOPLE strong FAMILIES strong COMMUNITIES	Management Area: CHILDRENS SERVICES	Pages: [03] Version No: [02] Date: [01/12/2009]
	Sub section (if applicable):	Signed: 
Policy Title: ANAPHYLAXIS		Author: CHILDCARE TASKFORCE

1. Scope

- 1.1. Staff, management, families & children.

2. Policy Statement

- 2.1. The YMCA will aim to provide safe and effective care of children by ensuring that staff are fully aware of reactions to and management of, any child's allergies.

3. Related Policies & Procedures/Guidance Notes

- 3.1. Allergies
- 3.2. Medication
- 3.3. Duty of Care
- 3.4. OH&S
- 3.5. Critical Incidents
- 3.6. First Aid

4. Responsibilities & Delegations


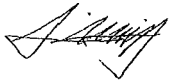
- 4.1. The Childcare Taskforce is responsible for the review of this policy.
- 4.2. The Childcare staff are responsible for the implementation of this policy.
- 4.3. The families and children are responsible for the support of this policy.

5. Considerations

- 5.1. Health and Safety Act
- 5.2. Duty of Care
- 5.3. National Standards
- 5.4. Q&A Principles.

6. Records Maintenance

- 6.1. This policy is to be reviewed annually.

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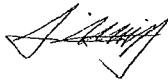
7. Procedures

- Any parent known to have a child with an anaphylaxis is to complete the Anaphylaxis Action Plan in conjunction with their doctor at the time of enrolment. All medical forms must be completed as per the medication procedure and an indemnity form completed as administering medication is being requested.
- All Action Plans should be displayed in an area that is accessed by all staff so they can make themselves aware of the child's needs. Keeping in mind the child's right to privacy. A copy of an Anaphylaxis Action Plan should always be clearly displayed in all food preparation areas.
- This information will be recorded on the child's / participant's Enrolment Form and posted in a secure staff area.
- Parents need to provide their child's Epi-pen.
- In the event of an anaphylactic reaction occurring, the appropriate first aid steps and the information are provided on the participant's Anaphylaxis Action Plan.
- If a food allergy exists, parents will be asked to supply any particular diet if required.
- All food allergies will be placed on a notice near the kitchen area to remind staff. A list of what they cannot eat along with alternatives will be recorded.
- All staff are to make themselves aware of this food list.
- All relief staff will be informed of the list on initial employment.
- Anaphylaxis training / education will be provided to staff. Epi-pens can only be administered by Epi-pen trained staff.
- Staff and relief workers will be made aware of all children in care who have an anaphylaxis and understand the procedures on the child's individual plan.
- Epi-pens are to be easily accessible (by staff) at all times while the child is in care.
- Parents / guardians are responsible for ensuring that their children have an in date Epi-pen at the centre.
- Attachments:
 - Anaphylaxis Action Plan – Individual
 - Action Plan for Anaphylaxis

Visit Australian Society of Clinical immunology and allergy website for up to date information.

<http://www.allergy.org.au>

In order to ensure the good health of children who have severe allergic and potentially fatal reaction to nuts, The YMCA is a "Nut Free" centre. Please do not send PEANUT BUTTER, NUTELLA OR ANY NUT PRODUCT in your child's lunch box.

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There are several children who have severe allergy to these products. This allergy is known as Anaphylaxis. Each time a child has a reaction the allergy becomes worse. The next time the exposure occurs they will have an even more severe reaction. A reaction can occur from 1/200th of a single peanut.

Peanut butter is a particularly sticky substance and can leave children with contaminated hands, face and clothing. Unknowingly they then spread the Peanut Butter / Nutella throughout the centre – desks and tables, door handles, railings and equipment.

Severe reactions can occur from skin contact or by inhalation of these minute food particles e.g. difficulties with breathing, very severe swollen eyes. We urge all parents and families to PLEASE not send any of these products to our centre and ensure our children are not at risk from this potentially FATAL reaction.

You can help to provide an environment at the centre that is safe for ALL children. You can make a big difference by a simple action, STOP AND THINK. Whilst it may seem somewhat inconvenient, it is relatively easy to substitute peanut butter with other sandwich fillings. As parents and carers we all wish what is best for the children; what we do in the course of the day is aimed at their best interest.

8. Version History

Version	Description of changes	Author	Effective Date
2	Review and update. New format	M. Rupnik	December 2009

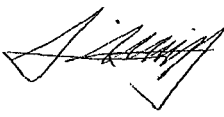
I endorse the Anaphylaxis Policy.

Name: *Maryann Rupnik*
 Childrens Services Program Manager

Signature: 

Date: 7 December 2009

Name: *Liam Whitley*
 Group Manager

Signature: 

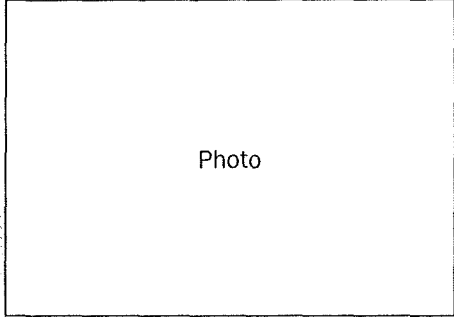
Date: 7 December 2009

ACTION PLAN FOR Anaphylaxis

Name: _____

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Date of birth: _____



Allergens to be avoided: _____

Family/carer name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

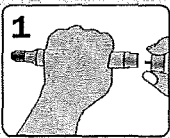
Plan prepared by: _____

Dr _____

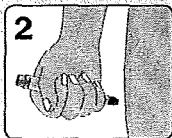
Signed _____

Date _____

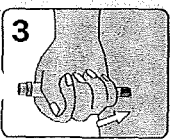
How to give EpiPen® or EpiPen® Jr



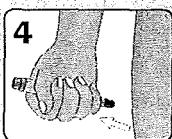
Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



PLACE BLACK END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

© ASCIA 2009. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr
- 2 Call ambulance*- telephone 000 (Aus) or 111 (NZ)
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 4 Contact family/carer
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____