



# MEDICAL CONDITIONS PROCEDURE

<b>Policy Hierarchy link</b>	Children (Education and Care Services National Law Application) Act 2010 Education and Care Services National Regulations 2011:4.2, 4.4 & 7.1 <i>Regs 90, 94 &amp; 136</i> Work Health and Safety Act 2011 and Work Health and Safety Regulations 2011 (NSW)		
<b>Responsible Officer</b>	Vice-President, University Services		
<b>Contact Officer</b>	General Manager – <a href="mailto:j.carlisle@unsw.edu.au">j.carlisle@unsw.edu.au</a> 9385 1708		
<b>Superseded Documents</b>	Allergies and anaphylaxis procedure		
<b>File Number</b>	Contact the <a href="#">Records &amp; Archives Office</a> .		
<b>Associated Documents</b>	Children’s health, medication and wellbeing procedure		
<b>Version</b>	<b>Authorised by</b>	<b>Approval Date</b>	<b>Effective Date</b>
2.2	Early Years Management	4 August 2015	4 September 2015

## 1. Purpose and Scope

UNSW Early Years aim to raise awareness about potential risks of special medical conditions including asthma, diabetes, allergy and anaphylaxis, and other conditions. We also aim to create a safe environment for all engaged with the centres through education and training for all staff and information sharing with families and children.

For all children our centres will facilitate effective care, health management and management of emergencies.

## 2. Definitions

**Anaphylaxis:** Anaphylaxis is a severe and sometimes sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis involves the airway or circulation (or vomiting or severe abdominal pain if the trigger is a sting). Symptoms of mild to moderate reactions (such as redness, hives, swelling of face, abdominal pains, cramps or vomiting) may also be present.

**NOTE:** Anaphylaxis is potentially life-threatening and **ALWAYS** requires an emergency response which will include adrenaline and hospitalisation.

**Allergy:** An allergy is the immune system’s reaction to a substance (allergen) in the environment which is usually harmless (such as a food, pollen, dust mites, insect bite or sting or medication). This results in the production of allergy antibodies. Antibodies are proteins in the immune system which identify and react with foreign substances.

**Allergic Reaction:** An allergic reaction is when someone develops symptoms such as hives, swelling of the lips, eyes or face, vomiting or wheeze following exposure to an allergen. Only some people with allergy antibodies will develop symptoms following exposure to the allergen. Allergic reactions range from mild to severe. Anaphylaxis is the most severe form of allergic reaction.

**Approved Medical Management plan:** A plan written by a medical practitioner.

**ASCIA:** Australasian Society for Clinical Immunology and Allergy, the peak professional medical organisation for allergy and clinical immunology in Australia and New Zealand.

**Diabetes:** The endocrine system is a network of glands that produce and release hormones (the chemical messages) that help control important bodily functions. There are a variety of endocrine disorders, with diabetes being the most common. Diabetes is a group of metabolic diseases where a person has high blood sugar levels, either because the pancreas does not produce enough insulin or because cells do not respond to the insulin that is produced.

**Food Intolerance:** There is often confusion about the difference between food allergy and food intolerance. Symptoms of food intolerance can sometimes resemble those of mild or moderate food allergy. There is no reliable allergy test to prove/disprove food intolerance. Unlike food allergy, food intolerance does not involve the immune system and does not result in anaphylaxis. Diagnosis of food allergy and risk of anaphylaxis should always be medically confirmed.

**Food Preference:** This is a family's choice and has no related medical condition or reaction.

### **Triggers/ Causes of allergy and anaphylaxis**

Food allergies can be caused by a range of foods, such as peanuts, tree nuts (brazil, cashew, pistachio, hazelnut, almond, walnut, pecan, macadamia), fish, shellfish, egg, wheat, cow's milk, soy and seeds. The most common food allergens in young children are cow's milk, egg and peanuts.

Other substances which may cause allergic reactions are antibiotics and vaccines, insect stings, latex, rubber, soaps, Band-Aids/Elastoplast, homeopathic and/or naturopathic preparations and plants. A contact skin reaction to any substance is very unlikely to trigger anaphylaxis.

## **3. Procedure**

**3.1** In the event of a possible anaphylactic reaction staff will take the following actions:

- Immediately administer treatment according to the child's ASCIA Action Plan for Anaphylaxis. If there is no personal adrenaline auto-injector available for any reason, including that the child has not previously been identified as being at risk of anaphylaxis, a general use adrenaline auto-injector should be used, and the ASCIA Action Plan for Anaphylaxis – general use will be followed.
- If in doubt about the seriousness of a reaction, an adrenaline auto-injector will be administered to the child
- Call an ambulance immediately
- Contact family member
- The used adrenaline injector will be given to the ambulance officers to be taken with the child

- An educator will attend the ambulance with the child if the family are not at the centre at time of its arrival.
- For a child with anaphylaxis who also has asthma, an adrenaline auto-injector should be used first, followed by asthma reliever medication, calling an ambulance, and continuing asthma first aid, as outlined in the ASCIA Action Plan for Anaphylaxis. Other instructions on the child's medical management plan can then be followed (if one has been provided to the service).

**3.2** UNSW Early Years aim to minimise the risk of exposure to those children with allergies to foods and other substances which might trigger anaphylaxis. They also aim to reduce risk of harm in the event of exposure.

**The Centre staff will do this by:**

- Requiring a child diagnosed as at risk for anaphylaxis provide an adrenaline auto-injector and an ASCIA Action Plan for Anaphylaxis completed by their medical practitioner.
- Keeping adrenaline auto-injectors in a known, central, unlocked location, accompanied by a copy of the relevant ASCIA Action Plan for Anaphylaxis.
- Keeping a child's ASCIA Action Plan for Anaphylaxis/Allergy in the child's room. A copy of the Action Plan may also be displayed in the staff room and other prominent places as well as maintained in the office files for the child.
- Ensuring that children do not share food or utensils.
- Being aware that allergies in children can be triggered by ingestion, inhalation, skin contact, a bite or sting. Contact skin reactions to an allergen are very unlikely to trigger anaphylaxis, however, any skin reaction should be monitored and treated appropriately to minimise the risk.
- Ensuring children with food allergies are provided only with food that has been prepared in a manner that minimised risk of exposure to allergens.
- Informing staff involved with food preparation and/or food serving (and all relief staff) of children, or staff, who have allergies and what type of allergy this is.
- Regularly informing all staff about the Centre's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Restricting the use of foods likely to cause allergy in craft, cooking and play e.g. egg cartons.
- Preventing cross-contamination between foods, food surfaces and utensils, particularly with products containing known allergens when preparing and serving foods.
- Displaying relevant information about children's allergies and action plans in food preparation and serving areas in accordance with privacy guidelines and parental consent.
- Informing families of the soaps, lotions, and creams used for children at the centre and allowing families to provide their preferred products if they so desire.
- Ensuring staff do not wear lotions, creams or hair product containing high-risk allergens such as Almond Oil.
- Ensuring only permanent staff members serve food to children.
- Maintaining constant supervision throughout meal times.

- Wherever possible seating any child with severe allergy next to an educator, without compromising the philosophy of inclusiveness for all children (i.e. without unnecessarily singling out the at-risk child).
- Educating the children about allergies and how to keep peers safe e.g. not sharing food at the table.
- Regularly reminding parents not to bring food into the centre.

Keeping at least one current general use adrenaline auto-injector at the centre at all times, regardless of whether or not a child at risk of anaphylaxis is currently enrolled, and taking at least one current general use adrenaline auto-injector on excursions and during emergency evacuation from the centre. Each general use adrenaline auto-injector should be accompanied by an ASCIA Action Plan for Anaphylaxis – general use, to guide educators in responding to an allergic reaction.

- Ensuring when an excursion occurs that any child attending has their required medication with them. (See Excursions procedure).
- Ensuring staff training in the administration of adrenaline auto-injectors is current
- Ensuring staff training in the understanding of allergy and anaphylaxis is current.
- Ensuring that all such staff training is provided by a reputable training organisation.
- Staff training as noted above will be provided by UNSW Early Years to all permanent educators and centre Directors.

**Whilst Early Years and each centre individually will do its utmost to reduce risk to children with allergies it is important to note that a child may have a number of food allergies or there may be a number of children with different food allergies within any one centre. Whilst minimisation of risk is possible, absolute exclusion to all potential allergens from the environment is not.**

### **3.3 Families of children with diagnosed medical conditions will work in partnership with the centre by:**

- Providing the centre with an Approved Medical Management Plan from their medical practitioner.
- Providing information regarding their child's health, medications, allergies, doctor's contact details and emergency contacts.
- Providing an Australasian Society for Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis/Allergy which is current and completed by the child's medical practitioner.
- Having the child's medical practitioner update their ASCIA Action Plans for Anaphylaxis/Allergy annually or as modified by a medical practitioner.
- Informing the centre that their child has an allergy as soon as this becomes known.
- Completing long term medication forms.
- Providing a current adrenaline auto-injector for their child at all times when in attendance at the centre when the child has a diagnosed risk of anaphylaxis.

- Providing current antihistamine medication as listed on the ACSIA Action Plan for their child at all times when in attendance at the centre.

### **3.4 All families and visitors will actively support the aim of an Allergy Aware service by:**

- Washing your and your child/ren's hands when entering the premises.
- Not bringing food to the premises particularly those containing nuts or nut products. (See Nutrition and Food Safety Procedure)
- Only serving food to their own child/ren whilst on the centres premises or excursions.

### **NOTES:**

**In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction including:**

- swelling of face, lips and eyes
- hives or welts on the skin
- tingling mouth
- stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

**A severe allergic reaction is indicated by any one of the following:**

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

## **4. Review & History**

## **5. Acknowledgements**

Education and Care Services National Regulations 2011

Work Health and Safety Act 2011 and Work Health and Safety Regulations 2011 (NSW)

Australasian Society of Clinical Immunology and Allergy (ASCIA)

<http://www.allergy.org.au/> last accessed 31/7/15

Department of Education and Training NSW

[https://www.det.nsw.edu.au/media/downloads/what-we-offer/regulation-and-accreditation/early-childhood-education-care/anaphylaxis\\_guide.pdf](https://www.det.nsw.edu.au/media/downloads/what-we-offer/regulation-and-accreditation/early-childhood-education-care/anaphylaxis_guide.pdf) last accessed 31/7/15

St. John Ambulance Australia [www.stjohn.org.au](http://www.stjohn.org.au) last accessed 31/7/15

NSW Anaphylaxis Education Program <http://www.schn.health.nsw.gov.au/> last accessed 31/7/15

Sydney Children's Hospital <http://www.schn.health.nsw.gov.au/parents-and-carers/our-services/endocrine-disorders-including-diabetes> last accessed 31/7/15

## Appendix A: History

The authorisation and amendment history for this document must be listed in the following table. Refer to information about [Version Control](#) on the Policy website.

Version	Authorised by	Approval Date	Effective Date	Sections modified
1.0	Vice President, University Services	11 November 2013	11 November 2013	
2.0	Early Years Management	26 September 2014	27 October 2014	
2.1	Early Years Management	19 February 2014	19 March 2015	Renamed the procedure as to include diabetes
2.2	Early Years Management	August 2015	September 2015	