1. **Aim**

   It is the aim of UWS Early Learning that children with asthma are provided with the same experiences as other children and receive appropriate attention as required. Play and exercise are encouraged in a positive, safe and accepting environment. Children will be assisted to understand medication and to increase confidence.

   To minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children’s service.

   To ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Epi-Pen.

   To raise the service community’s awareness of anaphylaxis and its management through education and policy implementation.

2. **Legislative Requirements**

   **Education and Care Services National Law and the Education and Care Services National Regulations 2011:**

   **90 Medical conditions policy**

   168 Education and care service must have policies and procedures

   (1) The medical conditions policy of the education and care service must set out practices in relation to the following:

   a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

   **94 Exception to authorisation requirement: anaphylaxis or asthma emergency**

   (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

   (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable:

   a) a parent of the child;
   b) emergency services.

   **136 First aid qualifications**

   (1) The approved provider of a centre-based service must ensure that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service:

   a) at least one educator who holds a current approved first aid qualification;
   b) at least one educator who has undertaken current approved anaphylaxis management training.

3. **Who is affected by this policy?**

   a) Child
   b) Families
   c) Staff
   d) Management

4. **Implementation**

   The Nominated Supervisor will:

   A. Identify children with anaphylaxis during the enrolment process
   B. Provide families with a copy on the Anaphylaxis policy upon enrolment
   C. Provide staff with a copy of the Anaphylaxis policy
   D. Staff will attend Anaphylaxis training every three years
   E. Ensure all staff are informed of the children with Anaphylaxis in their care
   F. Ensure families are advised of the attendance of any anaphylactic condition in the centre
   G. Ensure that an Anaphylaxis First aid poster is displayed in a key location.
   H. Encourage open communication between families & staff
   I. Identify all known triggers

   Staff will:

   A. Ensure that they maintain current Anaphylaxis First aid Training
   B. Ensure that they are aware of children in their care with Anaphylaxis
   C. In consultation with the family, optimize the health and safety of each child through supervised management of the child’s anaphylaxis
D. Ensure to only administer prescribed medication.

E. No medication prescribed for anyone other than a particular child will be given and all medication must be clearly marked with the child’s name.

F. Ensure that all regular prescribed anaphylaxis medication is administered in accordance with the information on Child’s Anaphylaxis Record.

G. Medication is to be administered (on a non-emergency basis) and is to be recorded accurately by the parent/guardian, in relation to time and dosage, and will be signed by a staff member on its administration.

H. Promptly communicate, to management and families, if they are concerned about a child's anaphylaxis limiting his/her ability to participate fully in all activities.

I. Provides families with details of Anaphylaxis Australia
   a) www.allergyfacts.org.au/
   b) 1300 728 000

Families will:
A. Inform staff, either upon enrolment or on initial diagnosis, that their child suffers from anaphylaxis.

B. Provide all relevant information regarding the child’s Anaphylaxis via the Anaphylaxis Record/Action Plan as provided by the child’s doctor.

C. Notify the staff, in writing, of any changes to the Anaphylaxis Record during the year.

D. Ensure that their child has adequate supply of appropriate medication clearly labeled with the child’s name including expiry dates.

E. Communicate all relevant information and concerns to staff as the need arises.

F. Parent/guardian must give written authority for medication to be dispensed by filling in a Medication Form. If the medication Form is not filled in, except in the case of an emergency, medication will not be administered on that day.

G. Do not leave medications in your child’s bag or locker. Give it directly to a staff member

In the event of a child having an anaphylaxis attack whilst at the Centre:
A. The child will be comforted, reassured and placed in a quiet area under the direct supervision of a suitably experienced member of staff.

B. Anaphylaxis medication will be administered as outlined in the child’s Anaphylaxis Record Form/Action Plan.

C. The parent/guardian will be contacted by phone immediately.

D. The ambulance service will be contacted immediately and the child closely monitored until the ambulance officers arrive.

The Licensee/Director/Supervisor will ensure that this policy is maintained and implemented at all times.

5. Sources

- Anaphylaxis Australia www.allergyfacts.org.au/
  Retrieved: 20.2.12
- Education and Care Services National Law and the Education and Care Services National Regulations 2011
- National Quality Standard 2011
- Workplace Health and Safety 2011

6. Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.