**Managing Food Allergies and Anaphylaxis**

**Aim:**

To provide effective care, health and emergency management for children who have food allergies and children who are at risk of anaphylaxis.

This policy needs to be read in conjunction with Dealing with Medical conditions policy.

**Procedure:**

The centre will:

* Ensure families provide information on the child’s health, medications, allergies, their doctor’s name address and phone number, emergency contact names and phone numbers and an Anaphylaxis Plan approved by their doctor. This information should be received on enrolment and prior to the child starting at the service. This information should be regularly updated.
* Ensure that families provide documentation from their doctor confirming the child’s allergies.
* Ensure that all staff are aware of children that have allergies, what they are allergic to and the strategies in place to prevent a reaction. This information will be passed on to staff prior to the child starting at the service.
* Ensure that a list of children and their allergies are listed in the room for staff.
* Ensure an individual Action Plan for each child is located with a photo next to the EpiPen storage area.
* Ensure that a meeting is held with the centre cook, parents and Director to ensure individual needs are catered for.
* Ensure individual meals are provided for children with allergies, and that some foods may be restricted at the centre on the days the child attends.
* Ensure that all children wash their hands on arrival and departure to prevent cross contamination.
* Ensure that in respect to administering medication and treatment in emergencies, that written parental/guardian consent is given and that an Anaphylaxis Action plan has been received.
* Ensure that all staff are up to date with Epipen training.
* Implement the child’s individual Anaphylaxis Action Plan in any case where a child is having a mild to severe allergic reaction / anaphylaxis.
* Check the Epipen on a regular basis, and expiry dates will be noted in the office diary.
* The centre encourages children at risk of anaphylaxis to wear a medi-alert bracelet.

Sources:

Community Child Care Cooperative

[www.allergy.org.au](http://www.allergy.org.au)

Children’s Hospital Westmead, Department of allergy, Immunology and Infectious Diseases.

Sydney Children’s Hospital Randwick

Approved: May 2005

Amended: July 2007, Amended: March 2010, Reviewed March 2014, March 2016

**Allergic Reaction / Anaphylaxis Action Plan**

**Mild to Moderate Allergic Reaction:**

Where a child has the following symptoms:

* Swelling of eyes, lips or face
* Hives or welts
* Vomiting

The following steps are to be taken:

* Stay with the child and call for help
* Notify Director
* Give medication (if prescribed) and locate Epipen
* Call emergency contact
* Closely monitor child for changes in symptoms
* Fill out appropriate illness / medication forms.

**Severe Allergic Reaction (Anaphylaxis)**

Where a child has the following symptoms:

* Difficulty breathing
* Swelling of the tongue
* Swelling / tightness in throat
* Difficulty talking
* Wheezing or persistent cough
* Loss of consciousness
* Pale and floppy (young children)

The following steps are to be taken:

* Notify the Director
* Give Epipen (under supervision of another staff member) and follow procedures for safe storage and transportation of Epipen.
* Call an ambulance – 000, giving specific details regarding a life threatening situation. Follow the directions given until the ambulance arrives.
* Contact parent / carer or emergency contact.
* If a parent or emergency contact does not arrive at the centre before the ambulance, one staff member is to accompany the child in the ambulance to the hospital with a copy of the child’s enrolment form, as well as the Epipen administered.
* Staff member to write a report of the incident on a Critical Incident form.
* Contact the parent to replace the used Epipen before the child returns to the centre.

Sources:

Children’s Hospital Westmead, Department of Allergy and Immunology and Infectious Diseases.

Approved: May 2005

Amended July 2007

Reviewed March 2010

Reviewed March 2014, March 2015, March 2016, March 2017, March 2018