



FIRST AID INFORMATION

FIRST AID KITS ARE LOCATED:

FIRST AID KITS ARE MANAGED BY:

FIRST AID KITS ARE ACCESSIBLE BY:

- ☐ Church Staff
- ☐ Ministry Volunteer Leaders
- ☐ Ministry Volunteer Team Members
- ☐ Designated / Recognised Medical Professions (list names)

ALLERGY AND ANAPHYLAXIS POLICY

INTRODUCTION

This policy has been developed to minimise the risks associated with allergies and anaphylaxis and to ensure all members of our church community are working together to provide a safe environment for all children and families and those affected by severe allergy. While we aim to reduce the risks associated with allergies it cannot be guaranteed that the Church is 'free' of any particular product or that risk is entirely eliminated.

BACKGROUND INFORMATION

Anaphylaxis is a life-threatening allergic reaction. Up to five per cent of children are at risk. Young children may not be able to express the symptoms of anaphylaxis. Young children are also at risk because they may react to something that they have not previously been exposed to and therefore have no pre-existing diagnosis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen®.

COMMON TRIGGERS

Milk, eggs, peanuts, tree nuts (hazelnuts, cashews, almonds), soybean, wheat, fish and shellfish are the most common food triggers which cause 90% of allergic reactions. However, any food can trigger anaphylaxis, as can bee or other insect stings and some medications. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food (e.g. fish).

SIGNS AND SYMPTOMS

The signs and symptoms of anaphylaxis may occur almost immediately after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

COMMON SYMPTOMS

MILD TO MODERATE ALLERGIC REACTION

- Tingling of the mouth.
- Hives, welts or body redness.
- Swelling of the face, lips, eyes.
- Vomiting, abdominal pain.

SEVERE ALLERGIC REACTION- ANAPHYLAXIS

- Difficulty and/or noisy breathing.
- Swelling of the tongue.
- Swelling or tightness in the throat.
- Difficulty talking or hoarse voice.
- Wheeze or persistent cough.
- Loss of consciousness and/or collapse.
- Pale and floppy (young children).

AIM OF POLICY

- Provide a safe environment for children, families and leaders.
- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the church.
- Ensure that we respond appropriately to an anaphylactic reaction.
- Partner with parents and facilitate communication to ensure the safety and wellbeing of all children at risk of anaphylaxis.

WHAT WE ARE WORKING TOWARDS

- ☐ Developing an anaphylaxis management policy and communicate it church-wide.
- ☐ Key leaders in children's ministry trained to administer an EpiPen®.
- ☐ Identify children who have been diagnosed with anaphylaxis and develop an individual management plan in consultation with their parents.
- ☐ Conducting an assessment of the potential for accidental exposure to allergens while children are in the care of the church.

INTERIM PROCEDURES

COMMUNICATION

- ☐ All rooms where children/youth hold activities are to have the following displayed:
 - The child's anaphylaxis action plan.
 - How to administer the EpiPen® chart.
 - Emergency Action Plan.
 - Common Symptoms.
- ☐ Leaders to be notified of children at risk within their care.
- ☐ Other parents within that group to be notified of the known allergens and asked to assist in minimising risk.
- ☐ Develop and communicate Risk Minimisation Plan to all leaders.

RISK MINIMISATION (LIST AS APPROPRIATE TO YOUR CHURCH ENVIRONMENT)

- ☐ Ban on all food 'treats' within the ministry. All rewards to be non-edible.
- ☐ Strongly discourage children bringing food or lollies with them.
- ☐ No sharing food policy.
- ☐ No food served to children at all.
- ☐ Only food served during occasions where the children are in the care of the parents – ie family events, church events.
- ☐ Where a child is identified as at risk, all craft material used for that group will be checked for any known allergens – ie egg cartons/yogurt containers.

If you must provide food, do so only when absolutely needed – perhaps a preschool group in which case be sure to manage risks by developing a strict process such to be followed – such as:

- Only food packed by the parent will be given to the child.
- Parents are encouraged to pack fruit.
- In the case of an at risk child being identified other parents in the group will be advised and asked not to send any foods containing the known allergens.
- All food to be clearly labeled with child's name.
- Leaders to check each label ensuring that the right child receives their food – 'if in doubt – check it out' with the parents before giving food.
- Hands to be washed (wet wipes) after eating to avoid cross contamination.
- Wipe down tables, bench tops and chairs after eating.
- Children diagnosed with anaphylaxis to be supervised by leaders during snack time - ensure they are placed at a safe distance from risk and closely observed to ensure the child is not exposed to a known allergen and/or possible cross contamination.
- Absolutely no wondering with food or drink to be allowed.

EMERGENCY

In an emergency, all leaders of this church have a duty of care. Common sense dictates that in an emergency, whilst leaders should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action, including being aware of the action plans and emergency instructions and following them.

Where possible, only those trained in the administration of the EpiPen® should administer the EpiPen®. However, the EpiPen® is designed for general use and in the event of an emergency it may be administered by any person.

EMERGENCY ACTION PLAN:

(Best policy indicates that there is one designated person on duty to deal with such emergencies to coordinate events and staff/leaders to act appropriately so that clear directions are given)

One person must stay with the child at all times. Another to act in the following:

Urgently locate the person on duty to deal with such emergencies or delegate of the situation, who will assess the child and if needed, direct others to locate EpiPen® and call an ambulance.

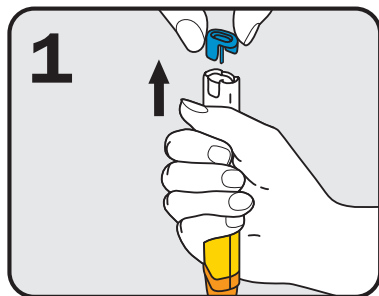
GENERAL EMERGENCY PROCESS:

- One leader to stay with child and another to call an ambulance by dialling 000 preferably using a landline.
- Another leader to contact the parents/guardian.
- Commence first aid measures.
- Contact the person to be notified in the event of illness if parent/guardian cannot be contacted.
- Complete an Incident Report Form once the emergency is over.

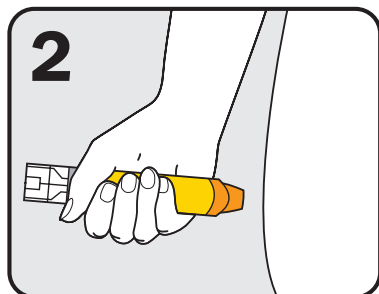
ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

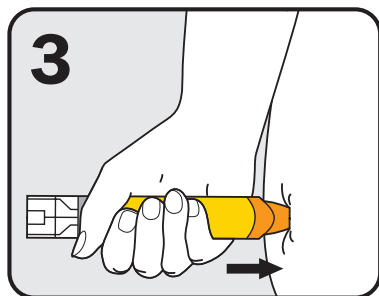
How to give EpiPen®



Form fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE
END against outer mid-thigh
(with or without clothing)



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

REMOVE EpiPen®

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

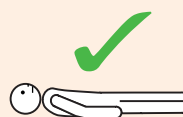
WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label