



ALLERGY/ANAPHYLAXIS POLICY

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

The most common allergens in children are:

- peanuts
- eggs
- tree nuts (e.g. cashews)
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis is knowledge of those who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring at the Heads Together event.
- Ensure members of staff and volunteers are adequately trained to respond appropriately and competently to an anaphylactic reaction.

POLICY/PROCEDURE

Any participants with allergies/anaphylaxis must be identified and relevant information gathered prior to attending program.

All staff and volunteers will be given information about participant's special needs (including those with severe allergies) during the orientation process.

Program Coordinator/First Aid Volunteer and 1:1 HT Volunteer to discuss risk management at camp and modify activity/environment as required.



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Emergency Procedure

The Individual's Anaphylaxis Management Plan must include a photograph and information relating to the immediate transport to hospital in an ambulance after an anaphylactic reaction. Repeat episodes of anaphylaxis may necessitate the participant requiring additional medical treatment.

Anaphylaxis Management plans for all individuals identified must be displayed in the first aid room

Any specific contingencies are pre-planned.

No activities shall be more than 500m from main dining area/accommodation unless approved by parents/guardians.

Parents/guardians are responsible for supplying a spare adrenaline auto injector and ensuring that the medication has not expired.

The individual's adrenaline auto injector (and any other medication), must be labelled with their name and recommended dosage.

The Program Coordinator/First Aid Volunteer will keep back up meds in 1st aid room.

In the event of an incident, Program Coordinator/First Aid Volunteer will be notified immediately by walkie talkie and they will come to the scene asap. The Program Coordinator/First Aid Volunteer will have access to car at all times to get to scene faster.

In the event of an incident the parent/guardian must be notified asap via walkie talkie and brought to the scene as soon as possible. Once the parent is present they will assume care of the person, unless situation is life threatening and ambulance has already been called. The Program Coordinator/First Aid Volunteer will have a phone with reception at the event as well as a walkie talkie at all time.

HT Volunteer and/or Program Coordinator/First Aid Volunteer will not administer meds, unless previously arranged with family ie. must be administered immediately and/or before parent on scene. This is to be determined prior to parent leaving child with HT Volunteer and medication to be provided to Program Coordinator/First Aid Volunteer to hold.

Where it is known an individual has been exposed to their specific allergen, but has not developed symptoms, their parents/guardians/emergency contact should be contacted. A request should be made to collect the individual and seek medical advice. The individual must be closely monitored until the parents/guardians/emergency contact arrives. Immediate action should be taken if the individual develops symptoms.



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It is quite possible that an individual with no history of a previous anaphylaxis, may have their first anaphylactic reaction whilst at the event, as these reactions only occur after the second exposure to the allergen. If staff believe someone may be having an anaphylactic reaction an adrenaline auto injector for general use should be administered immediately and an ambulance called.

Reporting Procedures

Staff and Volunteers involved in the situation are to complete an Incident Report at the time of the incident.

Staff and Volunteers will be debriefed after each anaphylaxis incident and the Individual's Anaphylaxis Management Plan evaluated. Staff and Volunteers will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were in place. It is important to learn from each incident.

Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.



TIMELINE

GAL to notify Program Coordinator (PC)

1:1 Vol to support/monitor/provide intervention until PC/Parent/emergency contact arrives

PC to attend scene asap and administer first aid as required or utilise First Aid Volunteer if necessary

PC to notify parent/emergency contact

PC to notify campsite staff

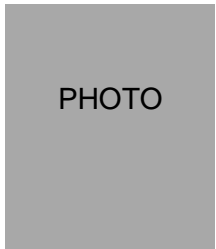


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SPECIFIC PARTICIPANT INFORMATION

Date: _____

Program: (circle) HTC HO ABILiTy OTHER



Name: _____ Date Of

Birth: ___/___/___

Details of Allergy: _____

Severity/Type: (eg. Anaphylaxis) _____

Triggers: (circle) INGEST TOUCH INHALE

Medication: _____

Other Information: _____

* Individual's Allergy/Anaphylaxis Management Plan attached

Parent/Guardian Name: _____

Signature: _____

Date: ___/___/___