ANAPHYLAXIS MANAGEMENT POLICY

The *Education and Care Services National Regulations* require approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a severe and sometimes sudden allergic reaction which is **potentially life threatening**. It can occur when a 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 should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
S 165	Offence to inadequately supervise children
S 167	Offence relating to protection of children from harm and hazards
S 172	Failure to display prescribed information
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness

87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173	Prescribed information to be displayed-
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Enrolment & Orientation Policy Excursion/Incursion Policy Communication Policy	Incident, Injury, Trauma and Illness Policy Nutrition & Food Safety Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping & Retention Policy Safe Transportation Policy Supervision Policy

PURPOSE

Langwarrin Community Centre (LCC) aims to minimise the risk of an anaphylactic reaction occurring at our Service by following our *Anaphylaxis Management Policy.* We will implement risk minimisation strategies and ensure staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction by adhering to a child's medical management plan and/or action plan. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

SCOPE

This policy applies to children, families, staff, educators, management, the approved provider, nominated supervisor, students and visitors of the Service.

DUTY OF CARE

LCC has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

a. a safe environment for children free of foreseeable harm *and*
b. adequate supervision of children at all times.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Staff members, including relief staff, need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's Australasian Society of Clinical Immunology and Allery (ASCIA) Action Plans, risk minimisation plan and required medication.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing 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)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause a severe reaction, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the Service and families is vital in understanding the risks and helping children avoid exposure.

Anaphylaxis requires immediate treatment with adrenaline. Delay in treatment can result in fatal anaphylaxis. In 2026 there are multiple adrenaline devices approved for use in Australia including EpiPen®, Anapen®, Jext® and neffy®. (ASCIA, 2026).

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Children at risk of anaphylaxis will not be enrolled into the Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

The ASCIA Action Plans meet the requirements of regulation 90 as a medical management plan. It is imperative that all educators and volunteers at the Service follow a child's ASCIA Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's ASCIA Action Plan in prominent positions within the Service.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR/ WILL ENSURE:

- obligations under the Education and Care Services Victorian Law and the Education and Care Services Victorian Regulations are met
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy and the Service's *Medical Condition Policy*
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide an ASCIA Action Plan signed by a registered medical practitioner **prior** to their child's commencement at the Service
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- all permanent educators' members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
- staff training is kept up to date in each staff member's record
- that all staff members are aware of
    - any child 'at risk' of anaphylaxis enrolled in the service
    - the child's individual ASCIA Action Plan
    - symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
    - the location of the child's adrenaline (epinephrine) device
- risk minimisation strategies are discussed at staff meetings
- that the child's risk minimisation plan is reviewed following exposure to a known allergen while attending our Service
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101

- ensure that at least one general use adrenaline injector is available at the Service in case of an emergency- Regulation 89. First Aid Kits
- that medication is administered in accordance with the *Administration of Medication Policy*
- that when medication has been administered to a child in an anaphylaxis emergency, emergency services (in the first instance) and the parent/guardian of the child are notified as soon as is practicable but no later than 24 hours after the incident (Reg. 94)
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the Service within 24 hours.

MANAGEMENT STRATEGIES WHERE A CHILD IS DIAGNOSED AT RISK OF ANAPHYLAXIS.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until an ASCIA Action Plan is provided by the family and signed by a medical practitioner
- develop and document a risk minimisation and communication plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- ensure the ASCIA Action Plan includes:
    - specific details of the child's diagnosed medical condition
    - supporting documentation (if required)
    - a recent photo of the child
    - triggers for the allergy/anaphylaxis (signs and symptoms)
    - administration of adrenaline autoinjectors
    - first aid/emergency action that will be required
    - adrenaline device/s prescribed and administration of device
    - antihistamine and dose (if required)
    - contact details and signature of the registered medical practitioner
    - date the plan should be reviewed
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)

- ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- ensure that a child who has been prescribed an adrenaline device is **not** permitted to attend the Service without a complete adrenaline device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the adrenaline device kit and the child's ASCIA Action Plan
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- request parental permission to display a child's ASCIA Action in key locations at the Service, for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet
- ensure that a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s
- ensure action plans are easily accessible to educators and other staff if privacy is a concern
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations in the Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- ensure supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- ensure that all relief staff members in the Service have awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management plan and the location of the auto-injection device kit
- display an emergency contact card by the telephone
- ensure risk assessments for excursions consider the risk of anaphylaxis
- ensure that risk assessments for transporting children by the Service consider potential risks of anaphylaxis
- ensure that a staff member accompanying children outside the Service carries a copy of the anaphylaxis medical management action plan with the adrenaline device kit
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided whenever any changes have occurred to the child's diagnosis or treatment

EDUCATORS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete adrenaline device kit (which must contain a copy the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the Service
- ensure a copy of the child's ASCIA Action Plan is visible and known to staff, visitors, and students in the Service
- always follow the child's ASICA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- ensure the child at risk of anaphylaxis only eats food that has been provided by the parents' or guardians'
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands before and after eating
- ensure children do not share drink bottles or food with other children
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties, and family days
- ensure that the adrenaline device kit is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool dark place at room temperature
    - NOT refrigerated
    - contains a copy of the child's medical management/action plan
- ensure that the adrenaline device kit containing a copy of the ASCIA Action Plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the Service e.g., on excursions that this child attends or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

FAMILIES WILL:

inform management and staff at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis

- provide staff with their child's ASCIA Action Plan giving written consent to use the adrenaline device in line with this action plan and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with a complete adrenaline device kit that remains at the service for their child
- comply with the Service's policy that a child who has been prescribed an adrenaline device is **not** permitted to attend the Service or its programs without that device
- maintain a record of the adrenaline device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the Service via email if their child has had a severe allergic reaction while not at the service- either at home or at another location
- notify staff in writing via email of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes
- read and be familiar with this policy
- review the risk minimisation plan annually with the nominated supervisor and other service staff
- encourage their child to learn about their allergy or anaphylaxis, and to communicate with Service staff if they are unwell or experiencing allergy symptoms.

IF A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION THE SERVICE AND STAFF WILL:

- Follow the child's ASICA Action Plan - administer an adrenaline device
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline device
- If after 5 minutes there is no response, a second adrenaline device should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable

- Notify the regulatory authority within 24 hours

IN THE EVENT WHERE A CHILD WHO HAS **NOT** BEEN DIAGNOSED AS AT RISK OF ANAPHYLAXIS, BUT WHO APPEARS TO BE HAVING AN ANAPHYLACTIC REACTION:

- Follow the First Aid Plan for Anaphylaxis
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline device
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

(Authorisation for emergency medical treatment for conditions such as anaphylaxis or asthma is not required, and medication may be administered- as per Reg. 94]

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours via email
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.
- a review of practices is conducted following an incident involving anaphylaxis at the Service, including an assessment of areas for improvement.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

Allergy awareness is regarded as an essential part of managing allergies in early childcare services. Our Service will:

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make _____ sick*', '*this food is not good for _____*', *and '_____ is allergic to that food'.*
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- encourage empathy, acceptance and inclusion of the allergic child

CONTACT DETAILS FOR RESOURCES AND SUPPORT

Allergy Aware- A hub for allergy awareness resources A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (2023)

Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner. The ASCIA website includes updated 2026 versions of the following.

- ASCIA Action Plan (RED) are for children or adults with medically confirmed allergies, who have been prescribed adrenaline device (Plans are available for EpiPen®, Anapen®, Jext® and *neffy*®)
- ASCIA Action Plan for Drug (Medication) Allergy (DARK GREEN) for children or adults with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline devices
- ASCIA Action Plan for Allergic Reactions (GREEN) is for children or adults with medically confirmed food or insect allergies who have not been prescribed adrenaline devices and
- ASCIA First Aid Plan for Anaphylaxis (ORANGE)

Allergy & Anaphylaxis Australia is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.

Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadviceline@rch.org.au

NSW Department of Education provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

VICTORIA (VIC)
Children with medical conditions attending education and care services First aid, anaphylaxis and asthma management

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Anaphylaxis Management Policy* will be reviewed on a biennial basis in consultation with children, families, staff, educators and management.

SOURCE

Allergy Aware. (2023). *Best practice guidelines for anaphylaxis prevention and management in children's education and care.*

Australian Children's Education & Care Quality Authority. (2021) Dealing with medical conditions in children Policy Guidelines

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:

Children (Education and Care Services) National Law (NSW) (For NSW services only)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Education and Care Services National Regulations (NSW) (2025) (For NSW Services only)

National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

REVIEW

POLICY REVIEWED BY:	Carol Hopkins	CSO	April 2026
POLICY REVIEWED	April 2026	NEXT REVIEW DATE	April 2028
VERSION NUMBER	• V2 04.26		
MODIFICATIONS	• Policy maintenance • ASCIA Action Plan updates • policy updated to reflect terminology of adrenaline auto-injectors to **adrenaline devices** following the inclusion of new nasal spray device to ASCIA Action Plans • sources checked for currency		
APPROVED BY	Lindsay Dare		

POLICY REVIEWED BY:	Carol Hopkins	CSO	April 2024
POLICY REVIEWED	April 2024	NEXT REVIEW DATE	April 2026
VERSION NUMBER	•		
MODIFICATIONS	• New Policy		
APPROVED BY			
POLICY REVIEWED	PREVIOUS MODIFICATIONS		REVIEW DATE