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 that 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.

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 LAW AND NATIONAL REGULATIONS	
S.2A	Paramount consideration – safety, rights and best interests of children
S.3A	Paramount consideration [NSW]
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
S.174	Offence to fail to notify certain information to Regulatory Authority
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- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
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 Excursion/ Incursion Policy Enrolment Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation of Children Policy Supervision Policy

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by following the *Anaphylaxis Management Policy,* developing and implementing risk minimisation strategies and following the child's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Our Service is committed to making children's safety, rights and best interests the paramount consideration in all decisions, actions and practices. We will ensure all staff members are trained to support children diagnosed with anaphylaxis or at risk of anaphylaxis. This includes recognising the signs and symptoms of anaphylaxis, administering anaphylaxis medication, following the child's ASCIA action plan and responding appropriately in an emergency.

SCOPE

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

DUTY OF CARE

Our Service 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 on keeping children safe and promoting the health, safety and wellbeing of all 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 ASCIA Action Plans, risk minimisation plan and required medication. This policy supplements our *Medical Conditions Policy.*

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, pistachios, almonds)
- Cow's milk/dairy
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)
- Latex

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

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent cough
- persistent dizziness or fainting
- 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. Clear communication between the Service and families is vital in understanding the risks and helping children avoid exposure to the allergens.

Anaphylaxis requires immediate treatment with adrenaline. A delay in treatment can be fatal. 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 their personal ASCIA Action Plan is completed and signed by their medical practitioner. A site-specific risk minimisation and communication plan will be developed with parents/guardians to minimise risks and set clear communication strategies for the child's safety.

The ASCIA Action Plans are nationally recognised as the standard medical response plans for severe allergies and anaphylaxis. 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 the child's specific health care need, allergy, or medical condition.

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

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the Education and Care Services National Law and Education and Care Services National Regulations are met
- all decisions and actions prioritise children's safety, rights and best interests
- 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 understand and adhere to this policy, the Service's *Medical Condition Policy* and relevant procedures
- the Best practice guidelines for anaphylaxis prevention and management in children's education and care services are implemented
- 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 will 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* via email and a copy of this email will be saved in the child's enrolment record

- parents/guardians are informed that the Service may administer emergency anaphylaxis treatment if required, following advice from emergency services. Families are advised of this at the time of enrolment and orientation to the Service. Authorisation for emergency medical treatment for conditions such as anaphylaxis is not required, and medication may be administered.
- that a child diagnosed with anaphylaxis will not be permitted to attend the Service unless their prescribed auto-injector accompanies them to the Service each day, in its original container and labelled with the child's name
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - has undertaken current ACECQA approved emergency asthma management and current ACECQA approved emergency anaphylaxis management training
- all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months
- that staff are provided with ASCIA anaphylaxis e-training (every two years) to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis including training in the administration of the adrenaline auto-injection device, and complete the ASCIA short refresher courses in between
- staff responsible for preparing, serving and supervising food for children with food allergies undertake the *All about Allergens for Cooks and Chefs* and *All about Allergens for Children's Education and Care (CEC)* online courses- All about Allergens
- that staff will use latex-free gloves, i.e. nitrile gloves, in services with known latex allergies
- that 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 and its location
    - symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
    - the location of their EpiPen® / Anapen ® device
- risk minimisation strategies are discussed regularly at staff meetings and in team memos
- that the child's risk minimisation plan is reviewed regularly, including 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
- risk assessments are developed prior to any excursion or community engagement

- that medication is received and administered in accordance with the *Administration of Medication Policy*
- that at least one general use adrenaline device is available at the Service in case of an emergency and a risk assessment is completed to determine if additional general use adrenaline devices are required
- 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
- 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 FOR A CHILD DIAGNOSED AT RISK OF ANAPHYLAXIS:

THE APPROVED PROVIDER/MANAGEMENT/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
- ensure the ASCIA Action Plan includes:
    - child's name, date of birth and recent photo
    - confirmed allergen(s)- specific details of the child's diagnosed medical condition
    - family/emergency contact details (name and phone number)
    - name and signature of the person who prepared the plan (medical practitioner or another prescriber)
    - contact details of the registered medical practitioner
    - authorisation and consent to give medication
    - supporting documentation (if required)
    - triggers for the allergy/anaphylaxis (signs and symptoms)
    - first aid/emergency action that will be required
    - adrenaline device/s prescribed
    - adrenaline device instructions
    - antihistamine and dose (if required)
    - 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, community engagements and excursions, and the individual child and is reviewed annually
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without a complete auto-injection device kit, which must contain a copy of the child's ASCIA action 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/guardian authorisation to display a child's ASCIA Action Plan in key locations at the Service, where educators and staff can view it easily whilst ensuring the privacy, safety and wellbeing of the child (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 [note: this notice should not identify the child/ren]
- display ASCIA First Aid Plan for Anaphylaxis 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~~ and close attention to 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.
- implement a colour code system for all meals prepared/served at the Service
- implement a two person check to ensure the '*right child gets the right meal*'.
- ensure supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- ensure that all staff members, including relief staff, in the Service:
    - have completed training in anaphylaxis management including the administration of an adrenaline device, and are aware of the symptoms of an anaphylactic reaction
    - are aware of any children at risk of anaphylaxis, the child's allergies, the individual ASCIA Action Plan and the location of the adrenaline device kit

- display an emergency contact card for local emergency phone numbers by the telephone
- ensure risk assessments for community engagements, excursions and transportation of children consider the potential risks of anaphylaxis, and the number of staff with current ACECQA approved first aid qualifications, emergency asthma management and emergency anaphylaxis management training in attendance
- keep a copy of the child's ASCIA Action Plan and risk minimisation plan in the child's enrolment record
- ensure that staff members accompanying children outside the Service carry a copy of the child's ASCIA Action Plan with the adrenaline device kit, e.g. on excursions that this child attends, when transporting the child, or during an emergency evacuation, lockdown or rehearsals
- ensure an up-to-date copy of the ASCIA Action Plan is provided whenever any changes have occurred to the child's diagnosis or treatment [note ASCIA Action Plans do not expire, but rather have a recommended review period, and are valid beyond their review date]
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.

EDUCATORS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- maintain current ACECQA approved first aid qualifications and emergency anaphylaxis management training
- ensure that a complete adrenaline device kit (which must contain a copy of 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 and students in the Service
- always follow the child's ASICA Action Plan in the event of an allergic reaction or anaphylaxis emergency and follow the ASCIA First Aid Plan for Anaphylaxis if they suspect a child (not diagnosed with anaphylaxis) is having an allergic reaction or anaphylaxis
- practice the administration procedures of an adrenaline trainer device using 'anaphylaxis scenarios' regularly, preferably quarterly
- conduct outdoor checks before activities to identify and reduce the risks from stinging insects
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- always check a meal before it is given to a child with anaphylaxis
- ensure tables and bench tops are washed down effectively before and after eating

- teach children, in ways they can understand, about allergies and anaphylaxis. This includes learning not to share food, washing hands, and understanding that some children need special care to stay safe.
- ensure all children wash their hands upon arrival at the Service and before and after eating
- ensure children do not share drink bottles or food with other children
- encourage children with allergies or at risk of anaphylaxis to take part in keeping themselves safe, for example, by being aware of the foods or items they are allergic to and telling an adult if they feel unwell or notice allergy symptoms
- increase supervision of a child at risk of anaphylaxis on special occasions and events such as excursions, community engagements, 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
    - accompanied by the child's ASCIA 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 outside the Service, e.g. on excursions that the child attends, when transporting the child, or during an emergency evacuation, lockdown or evacuation rehearsals
- regularly check and record the adrenaline adrenaline device expiry date. The manufacturer will only guarantee the effectiveness of the adrenaline device to the end of the nominated expiry month.

FAMILIES WILL:

- inform management and staff at the Service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- read and be familiar with the Service's *Anaphylaxis Management Policy and Medical Conditions Policy*
- provide staff with their child's ASCIA Action Plan giving written authorisation to use the auto-injection device in line with this action plan, signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the nominated supervisor and other service staff
- develop a communication plan in collaboration with the nominated supervisor and educators
- provide staff with a complete auto-injection device kit **each day** their child attends the Service

- 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
- note down the adrenaline device expiry date and ensure it is replaced prior to expiry
- provide an updated ASCIA Action Plan at least annually or whenever medication or management of their child's allergy or anaphylaxis changes
- 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 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 or StoryPark of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes
- 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.

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident. Staff must follow these steps to document, report and review the incident:

- Staff members involved in the incident will:
    - complete an *Incident, Injury, Trauma and Illness Record*
    - have the nominated supervisor countersign the record at the time of the incident
    - ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record* as notification of the incident
    - place a copy of the record in the child's individual record
- The nominated supervisor/approved provider will:
    - inform the regulatory authority of the incident within 24 hours through the NQA IT System
- After the incident, staff will:
    - participate in a debrief
    - review the child's individual ASICA Action Plan and risk minimisation plan, and evaluate the effectiveness of the procedure used
    - discuss the exposure to the allergen and decide on the strategies that need to be implemented and maintained to prevent further exposure.
    - review Service practices, including an assessment of areas for improvement.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

'Allergy awareness' is an essential part of managing allergies in early childhood education and care services. Educators will:

- educate children about allergies and the risk of anaphylaxis in age-appropriate ways
- talk to children about foods that are safe and unsafe for children with allergies using clear, simple language, 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 or scratchy throat, itchy or puffy skin, feeling hot or feeling funny)
- talk about, and show children strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, effectively washing their hands before and after eating and not sharing food or drinks/drink bottles
- encourage empathy, acceptance and inclusion of children with allergies
- engage in Food Allergy Awareness Events or similar

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Anaphylaxis Management Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation or ACECQA guidance, or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management. All families will be notified 14 days before any policy change that may have a significant impact on the provision of education and care to any child enrolled at the Service or the family's ability to utilise the Service.

RELATED RESOURCES

Administration of First Aid Procedure	Medical Communication Plan
Administration of Medication Form	Medication Update Letter to Families
Administration of Medication Procedure	Medical Conditions Register
Anaphylaxis Letter to Families	Medical Management Plan
Authorisation to Display Medical Management Plan	Medical Risk Minimisation Plan
	Notification of Changed Medical Status
Managing Medical Conditions Procedure	Right Child, Right Meal Form

SOURCES

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

Australian Children's Education & Care Quality Authority. (2026). *Dealing with medical conditions in children*

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

ASCIA. *ASCIA Action, First Aid, Management, Transfer, Travel and Treatment Plans*

Early Childhood Australia. (2016). *Code of Ethics*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

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	JULY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	V17.07.26		
MODIFICATIONS	• annual policy review • edits made to improve clarity and consistency • child safety principles added - paramount consideration • information added in line with ASCIA guidelines • duplicative sections removed (e.g., content already included in ASCIA plans) • sources updated		
PREVIOUS MODIFICATIONS			
FEBRUARY 2026	• policy reviewed out of schedule due to 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		
JULY 2024	• annual policy maintenance • National Law requirements added • additional points added to ensure children's health and safety- 2-person meal check, risk minimisation plans reviewed, allergy awareness education • First aid training and ASCIA anaphylaxis training section edited • resource section checked and links repaired as required • Childcare Centre Desktop resources added • sources checked for currency • WA National Regulations and Law added (WA services only)		