Anaphylaxis Management Policy:

POLICY STATEMENT:

The Education and Care Services National Regulations require Approved Providers to ensure that the Service has Policies and procedures for managing medical conditions, including a diagnosis that a child is at risk of Anaphylaxis. Regulation 90 sets out specific requirements for the Service's medical conditions Policy, including Medical Management Plans, Risk Minimisation Plans and Communication Plans. Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a susceptible 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.

PURPOSE

We aim to minimise the risk of an Anaphylactic reaction occurring at our Out of School Hours Care (OSHC) Service, Grays Point Activity Centre (GPAC) by following our 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 OSHC 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, Educators, staff, students, management, the Approved Provider, Nominated Supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to provide:

a. a safe environment
b. adequate Supervision

All Educators and staff, including relief staff, need to know enough about Anaphylaxis reactions to ensure the safety of children. This policy supplements our *Dealing with Medical Conditions and Medication Administration Policy.*

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens (but not limited to) in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews, pistachios, almonds)
- Cow's milk
- Fish and shellfish
- Wheat
- Latex
- Sesame
- Certain insect stings (particularly bee stings)
- Soy

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
- wheeze 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 in Childcare Services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Clear communication between the Centre and families is important in helping children avoid exposure to the allergens.

Anaphylaxis requires immediate treatment with adrenaline. A delay in treatment can be fatal. 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 program. Children at risk of Anaphylaxis will not be enrolled into the OSHC Service until their personal ASCIA Action Plan is completed and signed by their medical practitioner. Before a child with a diagnosed allergy or risk of Anaphylaxis commences care, the Service must be provided with the required current medical management information, including an appropriate ASCIA Action Plan. 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.

GPAC will adhere to privacy and confidentiality legislation and Service policies 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 / Nominated Supervisor / Responsible Person will ensure:

- That obligations under the Education and Care Services National Law and National Regulations are met
- All decisions and actions prioritise children's safety, rights and best interests
- All staff, Educators, students, visitors and volunteers have knowledge of and adhere to this Policy
- The Approved Provider will ensure that the Service meets the current training and qualification requirements under Regulation 136, including ensuring that appropriately qualified staff are in attendance and immediately available in an emergency. Training and qualifications will be monitored and renewed in accordance with the applicable approval, accreditation and course requirements.
- The current Regulation 136 requirement is that a centre-based Service must have:
    - at least one staff member or Nominated Supervisor with a current approved First Aid qualification; and
    - at least one staff member or Nominated Supervisor with current approved anaphylaxis management training
    - in attendance and immediately available in an emergency.
- Nominated staff members, whether or not they have a child diagnosed at risk of Anaphylaxis, undertake training in the administration of the prescribed adrenaline device and cardiopulmonary resuscitation every 12 months, recording this in the staff records.
- All staff members are aware of symptoms of an Anaphylactic reaction, the child at risk of Anaphylaxis, the child's allergies, Anaphylaxis action plan and EpiPen kit.
- A copy of this Policy is provided and reviewed during each new staff member's induction process.
- A copy of this Policy will be provided to a parent or guardian of each child diagnosed at risk of Anaphylaxis at the Service.
- Updated information, resources and support are regularly given to families for managing allergies and Anaphylaxis.

In a Service where a child diagnosed at risk of Anaphylaxis is enrolled, the Nominated Supervisor or Team Leader will also:

- Conduct an assessment of the potential for accidental exposure to allergens, while child/children at risk of Anaphylaxis are in the care of the Service and develop a risk minimisation plan for the Service in consultation with staff and the families of the child/children.
- Ensure that no child who has been prescribed an prescribed adrenaline device is permitted to attend the Service without the device.

- That at least one general use adrenaline injector is available at the Service in case of an emergency- Reg. 89. First Aid Kits [National Allergy Best Practice Guidelines]
- Hold an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of Anaphylaxis, in key locations at the service, for example, in the children's room, the staff room or near the medication cabinet.
- Ensure that a child's individual Anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and housed in the medical folder. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- 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 relevant staff are informed of children at risk of anaphylaxis and know how to identify the child, locate the child's ASCIA Action Plan and locate the child's medication. Information will be displayed or communicated in a manner that protects the child's privacy and confidentiality and is consistent with the parent's/guardian's consent and the Service's privacy requirements.
- Display an Emergency contact card beside each telephone.
- Ensure that all staff in the Service know the location of the Anaphylaxis medical management plan.

Educators and staff will:

- Ensure a copy of the child's Anaphylaxis medical management action plan is visible and known to staff in the Service.
- Follow the child's Anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Practice the administration procedures of the prescribed adrenaline device using an prescribed adrenaline device trainer and 'Anaphylaxis scenarios' on a regular basis, preferably quarterly.
- Ensure the child at risk of Anaphylaxis will only eat food that has been prepared according to the parents' or guardians' instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children upon arrival at the Service and before and after eating.
- Increase supervision of a child at risk of Anaphylaxis on special occasions such as excursions, incursions, parties and family days.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the Service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an Anaphylaxis medical management action plan signed by the child's Registered

Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's Anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service.

- Ensure that the auto-injection device kit is stored in a location that is known to all staff, easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat. Anaphylaxis medical management plans and all emergency medications are to be stored for ease of access.
- Ensure that the auto-injection device 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.
- 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)
- In the event where a child who has not been diagnosed as allergic, but who appears to be having an Anaphylactic reaction:
    - Call an Ambulance immediately by dialling 000.
    - Commence First Aid measures.
    - 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 that a child suffers from an Anaphylactic reaction the Service and staff will:

If anaphylaxis is suspected, administer adrenaline immediately in accordance with the child's ASCIA Action Plan or the ASCIA First Aid Plan for Anaphylaxis. Call 000 immediately. Continue first aid and follow the emergency instructions in the relevant ASCIA plan until emergency services arrive.

- 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.

Families will:

- Inform staff at the children's Service, either on enrolment or on diagnosis, of their child's allergies.
- Develop an Anaphylaxis risk minimisation plan with Service staff.
- Provide staff with an ASCIA Action Plan giving written authorisation to use the auto-injection device in line with this action plan and signed by the registered medical practitioner.
- Provide staff with an Anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the prescribed adrenaline device in line with this action plan.

- Provide staff with a complete prescribed adrenaline device.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new Anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the Service Policy that no child who has been prescribed adrenaline device auto injection device is permitted to attend the service or its programs without that device.
- Read and be familiar with the Policy.
- Identify and liaise with the nominated staff members.
- Bring relevant issues to the attention of both staff and licensee.
- Notify GPAC in writing 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/Responsible Person and other service staff (recommended best practice).
- Encourage their child to learn about their allergy or anaphylaxis, and to communicate with the OSHC Service staff if they are unwell or experiencing allergy symptoms.

Educating Children:

- Educators will talk to children about foods that are safe and unsafe for the Anaphylactic child, using terms such as 'this food will make _____ sick', 'this food is not good for _____', and '_____ is allergic to that food'.
- Staff will talk about the symptoms of allergic reactions to children (e.g., itchy, furry, scratchy, hot, and funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared. Educators will use age-appropriate strategies to reduce the risk of accidental exposure, consistent with each child's individual Risk Minimisation Plan. Children will be supported to participate safely and inclusively in meals, activities, celebrations and excursions.
- Educators will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

Reporting Procedures:

An anaphylactic reaction will be treated as a serious medical incident. Where the incident meets the definition of a serious incident under the National Law and Regulations, the Approved Provider will notify the Regulatory Authority within 24 hours through the NQA ITS
Staff must follow these steps to document, report and review the incident.

- Staff 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 Service management about the incident
  - inform the Regulatory Authority of the incident within 24 hours through the NQA ITS (as per regulations)
- After the incident, staff will:
  - participate in a debrief
  - review the child's individual ASCIA 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.

Not every allergic reaction is anaphylaxis. However, anaphylaxis is a medical emergency and must be treated immediately in accordance with the child's ASCIA Action Plan or the ASCIA First Aid Plan for Anaphylaxis.

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

Allergy Aware webinar- Managing your child's food allergy in Outside School Hours Care

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.

https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

- **(RED)** ASCIA Action Plan for Anaphylaxis — general version
- **(RED)** device-specific versions for **EpiPen, Anapen, Jext and neffy**
- **(ORANGE)** ASCIA First Aid Plan for Anaphylaxis
- **(GREEN)** ASCIA Action Plan for Allergic Reactions is for children or adults with medically confirmed food or insect allergies who have not been prescribed adrenaline autoinjectors

- (DARK GREEN) ASCIA Action Plan for Drug Allergy for children or adults with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline injectors.

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.

Allergy and anaphylaxis in early childhood education and care
Anaphylaxis and Allergy Prevention 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. (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.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service Policies/ documentation	Other
12, 85, 86, 87, 89, 90, 90(1)(iv), 91, 92, 93, 94, 95, 96, 101, 136, 162, 168, 170, 171, 173(2)(h) & 174, 175, 176 s. 2A, s. 3A, s. 165, s. 167, s. 172, s.174	2.1.1, 2.1.2, 2.2, 2.2.1 & 2.2.2	- Administration of First Aid Policy - Dealing with Medical Conditions and Medication Administration - Enrolment and Orientation Policy - Management of Incident, Injury, Infectious Diseases, Illness and Trauma Policy - Confidentiality Policy - Supervision of Children Policy - Acceptance and Refusals of Authorisations Policy - Excursion Policy - Nutrition and Food Safety - Record Keeping and Retention Policy	• Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide information on allergies. • Anaphylaxis Australia Inc., at Allergy Facts, is a non-profit support organisation for families with food anaphylactic children. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000. Anaphylaxis- NSW Govenment website- Education Anaphylaxis and Allergy- NSW Anaphylaxis Education Program, Sydney Children's Hospitals Network • Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training. • Australian Children's Education & Care Quality Authority (2014). • Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. • Staying Healthy in Child Care. 5th Edition.

ENDORSEMENT BY THE SERVICE:

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