



# ANAPHYLAXIS AND ALLERGIC REACTIONS POLICY

Quality Area 2

## PURPOSE

This policy provides guidelines Rowen Street Kindergarten Inc. to:

- minimise the risk of an allergic reaction including anaphylaxis occurring while children are in the care of Rowen Street Kindergarten Inc.
- ensure that service staff respond appropriately to allergic reactions including anaphylaxis by following the child's ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
- working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe.

This policy should be read in conjunction with the Dealing with Medical Conditions Policy and Incident, Injury, Trauma and Illness Policy.

## POLICY STATEMENT

### Values

Rowen Street Kindergarten Inc. believes that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- ensuring that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

### Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Rowen Street Kindergarten Inc. including during offsite excursions and activities.

This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
<b>R</b> indicates legislation requirement, and should not be deleted					
Ensuring that an anaphylaxis policy, which meets legislative requirements ( <i>Regulation 90</i> ) and includes a risk minimisation plan and communication plan, is developed and made available, and reviewed annually	<b>R</b>	√			
Providing approved anaphylaxis management training to staff as required under the <i>National Regulations</i>	<b>R</b>	√			
Ensuring that at least one ECT/educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation ( <i>Regulations 136, 137</i> )	<b>R</b>	√			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year, including epipen practice twice a year..	√	√	√		√
Ensuring ECT/educators and staff are aware of the procedures for first aid treatment for anaphylaxis	<b>R</b>	√	√		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with access to the <i>Anaphylaxis Policy and the Dealing with Medical Conditions Policy (Regulation 91)</i>	<b>R</b>	√			
Ensuring the details of approved anaphylaxis management training are included on the staff record, including details of training in the use of an adrenaline injectors ( <i>Regulations 145, 146, 147</i> )	<b>R</b>	√	√		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency ( <i>Regulation 161</i> ), and that this authorisation is kept in the enrolment record for each child	<b>R</b>	√		√	
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises ( <i>Regulation 102</i> )	<b>R</b>	√	√	√	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	√	√	√		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma ( <i>Regulation 87</i> )	<b>R</b>	√	√		√
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled, also responsible for:					
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service ( <i>Regulation 173(2)(f)</i> )	<b>R</b>	√			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed	<b>R</b>	√			
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	<b>R</b>	√	√		
Ensuring risk management plan and communications are developed for	<b>R</b>	√	√		

each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner and is reviewed annually or when a child's allergies change					
Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff ( <a href="#">Regulation 162</a> )	R	√	√		
Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	√	√		√
Ensuring parents/guardians of all children at risk of anaphylaxis <b>provide an unused, in-date</b> adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service. This must be kept at the service.	√	√	√	√	√
Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	√	√	√		
Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		√	√		√
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations and ensuring all staff are aware of the procedure	R	√	√		√
Ensuring that the adrenaline injector is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat, sunlight and cold	R	√	√		√
Ensuring adequate provision and maintenance of adrenaline injector kits	R	√	√	√	√
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	√	√		√
Ensuring that ECT/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis ( <a href="#">refer to Excursions and Service Events Policy</a> )	R	√			
Ensuring that medication is administered in accordance with <a href="#">Regulations 95 and 96</a>	R	√	√		√
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee ( <a href="#">Regulation 94</a> )	R	√	√		√
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency ( <a href="#">Regulation 93 (2)</a> )	R	√	√		√
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	R	√	√		√
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	√	√		√
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	√	√		√
Responding to complaints and notifying Department of Education and Training, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	R	√			

Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) First Aid Plan for Anaphylaxis poster in key locations at the service	√	√			
Displaying Ambulance Victoria's AV How to Call Card near all service telephones	√	√			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans	<b>R</b>	√			
Organising allergy awareness information sessions for parents/guardians of children enrolled at the service, where appropriate	√	√			
Providing age-appropriate education to all children on allergy and anaphylaxis	√	√	√		√
Providing information to the service community about resources and support for managing allergies and anaphylaxis	√	√			
Providing support (including counselling) for ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	√	√	√		√

## Background and legislation

### BACKGROUND

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector.

In any service that is open to the general community, it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise exposure to known allergens, can reduce the risk of allergic reactions including anaphylaxis.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the Education and Care Services National Regulations 2011 (Regulation 136(1) (b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training.

Approved anaphylaxis management training is listed on the ACECQA website. This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course that is available free of charge. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2017
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)

- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## Definitions

**Adrenaline injector:** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis must be specific for the brand they have been prescribed. Staff should know how to administer both brands of adrenaline injectors.

Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics. Or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

**Adrenaline injector kit:** An insulated container with an unused, in-date adrenaline injector, a copy of the child's ASCIA Action Plan for Anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Adrenaline injectors must be stored away from direct heat and cold.

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something in the environment which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed. Almost always, food needs to be ingested to cause a severe allergic reaction (anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following:

- Mild to moderate signs & symptoms:
  - hives or welts
  - tingling mouth
  - swelling of the face, lips & eyes
  - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.
- Signs & symptoms of anaphylaxis are:
  - difficult/noisy breathing
  - swelling of the tongue
  - swelling/tightness in the throat
  - difficulty talking and/or hoarse voice
  - wheeze or persistent cough
  - persistent dizziness or collapse (child pale or floppy).

**Anaphylaxis:** A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

**Anaphylaxis management training:** Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector trainer. Approved training is listed on the ACECQA website.

**ASCIA Action Plan for Anaphylaxis/Allergic Reactions:** A standardised emergency response management plan for anaphylaxis prepared and signed by the child's treating, registered medical or nurse practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of adrenaline injector prescribed for each child. Examples of plans specific to different



adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

**At risk child:** A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

**First aid management of anaphylaxis course:** Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

**Intolerance:** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**No food sharing:** A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

## Sources and related policies

### Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: [www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training](http://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training)
- All about Allergens for Children's education and care (CEC) training: <https://foodallergytraining.org.au/course/index.php?categoryid=5>
- The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: <https://www.allergyaware.org.au/>
- Allergy & Anaphylaxis Australia is a not-for-profit support organisation for individuals, families, children's education and care services and anyone needing to manage allergic disease including the risk of anaphylaxis. Resources include a telephone support line and items available for sale including adrenaline injector trainers. Many free resources specific to CEC are available: <https://allergyfacts.org.au>
- The Australasian Society of Clinical Immunology and Allergy (ASCIA): [www.allergy.org.au](http://www.allergy.org.au) provides information, and resources on allergies. ASCIA Action Plans can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis. Contact details of clinical immunologists and allergy specialists are also provided however doctors must not be called during an emergency. Call triple zero (000) for an ambulance as instructed on the ASCIA Action Plan.
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: <https://etraining.allergy.org.au/>
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne ([www.rch.org.au/allergy](http://www.rch.org.au/allergy)) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription when required. Kids Health Info fact sheets are also available from the website, including the following:
- Allergic and anaphylactic reactions (July 2019): [www.rch.org.au/kidsinfo/fact\\_sheets/Allergic\\_and\\_anaphylactic\\_reactions](http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions)
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: [carol.whitehead@rch.org.au](mailto:carol.whitehead@rch.org.au)

### Service policies

- Administration of First Aid
- Administration of Medication
- Asthma
- Child Safe Environment

- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

## Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

## Attachments

- Attachment 1: Anaphylaxis risk minimisation strategies: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies>
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-management-checklist>
- Attachment 3: Anaphylaxis risk minimisation plan template: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-management-plan-template>
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Attachment 5: Individualised anaphylaxis care plan template: <https://allergyaware.org.au/childrens-education-and-care/individualised-anaphylaxis-care-plan-template>

## Authorisation

This policy was adopted by the Committee of Management of Rowen Street Kindergarten Inc. on 8 August 2022

**Review date:** July 2025