

# Early Learning

## Anaphylaxis Policy

### 1. Policy Statement/Purpose

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow’s milk, fish, shellfish, soy, wheat and sesame, 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 articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen®. 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, good communication and strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions. The purpose of this policy is to outline Uniting Early Learning’s approach to management of Anaphylaxis within its Early Learning Centres.

### 2. Scope

This policy applies to the following groups working in Uniting Early Learning:

- Approved provider and persons with management or control
- Nominated supervisor and persons in day-to-day charge.
- ECT, Educators, FDC educators and all other staff
- Parents/guardians
- Contractors, volunteers, and students

The policy applies regardless of whether or not a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

### 3. Policy

- Children at risk of anaphylaxis must be identified during the enrolment process and staff informed. A notice must be displayed prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service.
- An **ASCIA action plan** for anaphylaxis must be provided by the child’s parents/carers and an individual risk minimisation and communication plan developed by the service in consultation with the child’s parents.
- It is most important that children at risk of anaphylaxis are not discriminated against in any way are able to participate in all activities safely and to their full potential.

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- Each service should identify and minimise allergens irrespective of whether a child at risk of anaphylaxis is attending or not.
- Staff should practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly.
- Centre-based services and Outside School Hours Care Services will have a current adrenaline autoinjector, (EpiPen®) for emergency use, located in the first aid kit.

## Review

This policy is to be reviewed by: 30/04/2026

## 4. Responsibilities relating to the Anaphylaxis policy

<b>Responsibilities</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	ECT, Educators, FDC educators and all other staff	Parents/guardians	Contractors, volunteers, and students
R indicates legislation requirement, and should not be deleted					
Ensure an <i>Anaphylaxis</i> and <i>Dealing with Medical Conditions</i> policy, which meets legislative requirements and includes a risk minimisation and communications plan is developed, displayed at the service, and is reviewed regularly R 168 & 171	R	✓	✓		
Read and complying with this policy and all relevant procedures R 170	R	✓	✓	✓	
Ensure that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury S 167	R	✓	✓		
Ensure that children at risk of anaphylaxis are not discriminated against in any way and that children at risk of anaphylaxis can participate in all activities safely and to their full potential R 155	R	✓	✓		
Provide information to the service community about resources and support for managing allergies and anaphylaxis	✓	✓	✓		
Organise anaphylaxis management information sessions for parents of children enrolled at the service, where appropriate	✓	✓	✓		
Comply with the services policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device and the ASCIA Action Plan for Anaphylaxis R 90	R	✓	✓		

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Inform staff, either on enrolment or on initial diagnosis, of their child's allergies R 90	R	✓	✓		
Consult with parents of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicate any concerns R 90	R	✓	✓	✓	
Immediately communicate any concerns with parents regarding the management of children diagnosed as at risk of anaphylaxis attending the service R 90	R	✓	✓		
Implement age-appropriate peer education programs. Australian evidence-based, best-practice resources should be used. Peer education about the seriousness of food allergies may help to educate children and prevent food allergy specific bullying. A key component of peer education includes children not sharing food and eating utensils, including food prepared in cooking lessons.		✓	✓		
Where a child diagnosed as at risk of anaphylaxis is enrolled, display a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service R 90 & 173	R	✓	✓		
Display the Australasian Society of Clinical Immunology and Allergy generic poster <i>First Aid Treatment for Anaphylaxis</i> in key locations at the service		✓	✓		
Actively involve 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 R 90	R	✓	✓	✓	
Identify children at risk of anaphylaxis during the enrolment process and inform staff R 90	R	✓	✓		
Communicate all relevant information and concerns to staff, particularly in relation to the health of their child R 90	R	✓	✓		
Compile a list of children at risk of anaphylaxis and place it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child R 90	R	✓	✓		
Ensure all persons assisting in the program, including parents, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis and are aware of their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis R 90	R	✓	✓		
Ensure all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation and communication plan uploaded in Xap or Harmony R 90	R	✓	✓		
Develop a risk minimisation and communications plan in consultation with parents (refer to <a href="#">UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx</a> ) and encourage ongoing communication between parents and staff regarding the current status of a child's allergies, this policy and its implementation R 90	R	✓	✓		

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Ensure an ASCIA action plan for anaphylaxis is provided by the parents of each child diagnosed as being at risk of anaphylaxis and a <a href="#">UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx</a> developed by the service in consultation with the child's parents R 90	R	✓	✓		
Provide staff with an ASCIA action plan for anaphylaxis, signed by a registered medical practitioner, and with written consent to use medication prescribed in line with this action plan R 90	R	✓	✓		
Ensure that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner R 90	R	✓	✓		
Ensure parents, 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, and that this authorisation is kept in each child's enrolment record ( <i>also included in the ASCIA Action Plan for Anaphylaxis</i> ) R 90, 160 & 162	R	✓	✓	✓	
Develop, understand, and follow the 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. Separate emergency response plans must be developed for any off-site activities		✓	✓		
Ensure that a medication record includes all details required by legislation for each child to whom medication is to be administered R 90 & 92	R	✓	✓	✓	
Ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with legislation (refer to <i>Administration of Medication Policy</i> and <i>Dealing with Medical Conditions Policy</i> ) R 90 & 93	R	✓	✓		
Ensure when administering medication, you are respecting the child's rights to privacy and dignity R 155	R	✓	✓		
Ensure parents of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent or authorised nominee R 90 & 94	R	✓	✓		
Implement a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to <i>Anaphylaxis procedure</i> and ensure all staff are aware of the procedure		✓	✓		
Follow the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode R 90	R	✓	✓		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If	R	✓	✓		

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the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance R 94					
Staff involved in the preparing, serving and supervising of meals will undertake the National Allergy Council All about Allergens for CEC food allergen management training for food service at least every two years R 90 & 136 - <a href="#">Food Allergy Training</a>	R	✓	✓		
Ensure at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation. R 136	R	✓	✓		
Ensure staff practice the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis at least annually, and preferably quarterly, and that participation is documented on the staff record R 136 & 147	R	✓	✓		
Ensure details of approved anaphylaxis management training are included on staff records, including details of training in the use of an autoinjector R 147	R	✓	✓		
Ensure all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, approved and meet the requirements of legislation R 136	R	✓	✓		
Maintain a spare adrenaline autoinjector in the first aid kit of a centre-based service to use in an emergency	✓	✓	✓		
Ensure that educators/staff who accompany children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector kit (refer to <i>Glossary</i> ) and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis R 90	R	✓	✓		
Ensure adequate provision and maintenance of adrenaline autoinjector kits including that the expiry date of the autoinjector is checked regularly (quarterly) and replaced when required. Adrenaline injectors should also be checked for discolouration and sediment R 90	R	✓	✓		
Ensure staff dispose of used adrenaline autoinjectors appropriately in the sharp's disposal unit provided at the service by the Approved Provider	✓	✓	✓		
Ensure parents of children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children are unable to attend the service R 90	R	✓	✓		
Ensure the adrenaline autoinjector kit is labelled with the name of the child, stored in a location 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 and cold R 90	R	✓	✓		

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Ensure measures are in place, and are followed, to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis R 90	R	✓	✓		
Implement actions to identify and minimise allergens at the service, where possible R 90	R	✓	✓		
Inform the Responsible person, the Approved Provider and the child's parents following an anaphylactic episode R 90	R	✓	✓		
Follow 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 R 87	R	✓	✓		
Respond to complaints and notify the Regulatory Authority 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 176	R	✓	✓		
<b>Note:</b> Volunteers and students, while at the service, are responsible for following this policy and its procedures					✓

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The following attachments contain detailed information relating to all aspects of this policy:

## Responsibilities relating to the Anaphylaxis Policy

<ul style="list-style-type: none"> <li>Anaphylaxis risk minimisation strategies:</li> </ul>	<a href="#">Strategies to reduce risk - Allergy Aware</a>
<ul style="list-style-type: none"> <li>Enrolment checklist for children diagnosed as at risk of anaphylaxis:</li> </ul>	<a href="#">Anaphylaxis management checklist children's education and care services - Allergy Aware</a>
<ul style="list-style-type: none"> <li>Anaphylaxis risk minimisation plan template:</li> </ul>	<a href="#">Anaphylaxis risk management plan template - Allergy Aware</a>
<ul style="list-style-type: none"> <li>ASCIA Anaphylaxis Action Plans</li> </ul>	<a href="#">ASCIA Anaphylaxis Action Plans</a>
<ul style="list-style-type: none"> <li>First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy:</li> </ul>	<a href="#">ASCIA Action, First Aid, Management, Transfer, Travel and Treatment Plans - Australasian Society of Clinical Immunology and Allergy (ASCIA)</a>
<ul style="list-style-type: none"> <li>Individualised anaphylaxis care plan template:</li> </ul>	<a href="#">Individualised anaphylaxis care plan template - Allergy Aware</a>
<ul style="list-style-type: none"> <li>ASCIA First Aid Plan for Anaphylaxis</li> </ul>	<a href="#">First Aid Plan for Anaphylaxis</a>

## 5. Legislation/Regulations

Uniting Early Learning acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc. and Department of Education and Training (DET) in the development of this policy.

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>
- Allergic and anaphylactic reactions: <https://www.rch.org.au/kidsinfo/>

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- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Australasian Society of Clinical Immunology and Allergy: (ASCIA) [www.allergy.org.au](http://www.allergy.org.au) provides information and resources on allergies. Action plans for anaphylaxis 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.
- [Allergy Aware Best practice guidelines for anaphylaxis prevention and management in children’s education and care 2023](#)
- [ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update](#). Vale.S, Smith.J, Said.M, Mullins.R, and Loh. R. Position Paper. Australasian Society of Clinical Immunology and Allergy. Journal of Paediatrics and Child Health 2105
- Autoinjectors (EpiPens) for anaphylaxis – an overview: [https://www.rch.org.au/kidsinfo/fact\\_sheets/Allergic\\_and\\_anaphylactic\\_reactions/](https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/)
- 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. Kids Health Info fact sheets are also available from the website.
- 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 wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235.
- 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/>
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: <https://etraining.allergy.org.au/>

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## 6. Related Documents

### Uniting

[Diversity Statement](#)

[Child Safety Commitment Statement](#)

Code of Conduct

Child Safety Policy

Child Safety Code of Conduct

Workplace Health, Safety and Wellbeing Policy

### Early Learning

Administration of Medication Policy

Dealing with Medical Conditions Policy

Incident, Injury, Trauma, and Illness Policy

[UPD-EL-001-Anaphylaxis procedure.pdf](#)

[ASCIA Action Plan Allergic Reactions Green 2023.pdf](#)

[ASCIA Action Plan Anaphylaxis Red Anapen 2023.pdf](#)

[ASCIA Action Plan Anaphylaxis Red EpiPen 2023.pdf](#)

[ASCIA Action Plan Anaphylaxis Red General 2023.pdf](#)

[ASCIA First Aid Anaphylaxis Pictorial A3 poster 2023.pdf](#)

[ASCIA First Aid Plan Anaphylaxis Anapen 2023.pdf](#)

[ASCIA First Aid Plan Anaphylaxis EpiPen 2023.pdf](#)

[UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx](#)

[Anaphylaxis Incident Reporting.dotx](#)

[UF-EL-010-Anaphylaxis service enrolment checklist 23.1.1.docx](#)

Other Forms available at [Early Learning \(sharepoint.com\)](#)

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