Playford
Primary School
excellence & empowerment

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ANAPHYLAXIS MANAGEMENT POLICY

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

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Out of School Hours Care (OSHC) Service by following our *Anaphylaxis Management Policy,* developing and implementing risk minimisation strategies and following the child's ASCIA Action Plan. We will ensure that all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

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

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide

a. a safe environment for children free of foreseeable harm and
b. adequate Supervision of children

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

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

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

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

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

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 OSHC Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner. A site-specific risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

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

The OSHC Service will adhere to privacy and confidentiality 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 OSHC Service.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy
- 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 are required to provide an ASCIA Action Plan signed by a registered medical practitioner **prior** to their child's commencement at the Service
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy* via email and a copy of this email will be saved in the child's enrolment record

- parents/guardians are informed the service may administer emergency anaphylaxis treatment if required, with advice from emergency services. Parents are advised of this at time of enrolment and orientation to the OSHC Service.
- at least one educator or nominated supervisor who holds a current accredited first aid certificate, has completed emergency asthma management training and emergency anaphylaxis management training (as approved by ACECQA) is in attendance at all times education and care is provided by the Service and is available immediately in an emergency
- 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
- staff responsible for preparing, serving and supervising food for children with food allergies should undertake the *All about Allergens for Cooks and Chefs and All about Allergens for Children's Education and Care (CEC)* online courses- Food Allergy Aware Training
- 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
- that the child's risk minimisation plan is reviewed following exposure to a known allergen while attending our OSHC 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 incursion consistent with Reg. 101
- that at least one general use adrenaline injector is available at the Service in case of an emergency- Reg. 89. First Aid Kits
- that medication is administered in accordance with the *Administration of Medication Policy*
- 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 (Reg.94)
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the Service within 24 hours.

MANAGEMENT STRATEGIES WHERE A SCHOOL AGED CHILD IS DIAGNOSED AT RISK OF ANAPHYLAXIS. THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until an ASCIA Action Plan is provided by the family and signed by a medical practitioner
- ensure the ASCIA Action Plan includes:
    - child's name, date of birth
    - a recent photo of the child
    - confirmed allergen(s)- specific details of the child's diagnosed medical condition
    - family/emergency contact details (name and phone number)
    - supporting documentation (if required)

  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- 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 OSHC 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 OSHC Service environment, activities, incursions 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 OSHC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection 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 authorisation to display a child's ASCIA Action Plan in key locations at the Service, where educators and staff are able to view these 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)
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations in the OSHC 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 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.
- ensure the child with an allergy receives the right food/snack/meal by implementing a two-person check, where a second educator checks that the right child receives the right meal see Right Meal Right Child Form]
- ensure supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- ensure that all relief staff members in the OSHC Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- display an emergency contact card by the telephone
- ensure risk assessments for excursions consider the risk of anaphylaxis
- ensure that risk assessments for transporting children by the OSHC Service consider potential risks of anaphylaxis
- ensure that a staff member accompanying children outside the OSHC Service carries a copy of the child's ASCIA Action Plan with the auto-injection device kit e.g., on excursions that this child attends, transporting the child, or during an emergency evacuation
- 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 and are valid beyond their review date]

CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR IN OUTSIDE OF SCHOOL HOURS CARE SERVICES

In some cases, children over preschool age attending an OSHC Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school. To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Reg. 96).

Where a child over preschool age carries their own adrenaline auto-injector it is advisable that the OSHC Service requests the child's parent to provide a second adrenaline auto-injector to be kept on the Service premises in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person. If a child does carry an auto-injector device, the exact location should be easily identifiable by OSHC staff. Hazards such as identical school bags in before and after school care should be considered. Where an auto-injector device is carried on their person, a copy of the child's ASCIA Action Plan should also be carried. Procedures should be in place to ensure that the auto-injector device is with the child when they arrive at the OSHC Service.

EDUCATORS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the OSHC Service
- ensure a copy of the child's ASCIA Action Plan visible and known to staff and students in the OSHC Service
- always follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- 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 by implementing the two-person check [see: Right Child Right Meal Form]
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the OSHC Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions and events such as excursions, incursions, parties and family days
- ensure that the auto-injection device kit is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool dark place at room temperature
    - NOT refrigerated
    - contains a copy of the child's ASCIA Action Plan
- ensure that the auto-injection device kit containing a copy of the ASCIA Action Plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the OSHC Service e.g., on excursions that this child attends, transporting the child or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)

- provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis.

FAMILIES WILL:

- inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- read and be familiar with the Service's *Anaphylaxis Management Policy and Medical Conditions Policy*
- 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
- develop an anaphylaxis risk minimisation plan in collaboration with the nominated supervisor and other Service staff
- develop a communication plan in collaboration with the nominated supervisor/responsible person and lead educators
- provide staff with a complete auto-injection device kit each day their child attends the OSHC Service
- comply with the OSHC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- provide an updated 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 OSHC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- comply with the OSHC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the OSHC Service or its programs without that device
- identify and liaise with the nominated staff member primarily caring for their child
- notify staff in writing via email or through the *Notification of Changed Medical Status* form 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
- provide an updated plan at least annually or whenever medication or management of their child's allergy or anaphylaxis changes

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

- Follow the child's ASCIA Action Plan - administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

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

- Call an ambulance immediately by dialling 000
- Commence first aid measures

- Administer an adrenaline autoinjector
- 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.

REPORTING PROCEDURES

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

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record*, which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's individual record
- the nominated supervisor will inform the OSHC Service management about the incident
- the nominated supervisor or the approved provider will inform regulatory authority of the incident within 24 hours through the NQA IT System (as per regulations)
- staff will be debriefed after each anaphylaxis incident and the child's individual ASCIA Action Plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure
- a review of practices is conducted following an incident involving anaphylaxis at the Service, including an assessment of areas for improvement.

EDUCATING CHILDREN AND YOUNG PEOPLE ABOUT ALLERGIES AND ANAPHYLAXIS

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

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make _____ sick*', '*this food is not good for _____', and '_____ is allergic to that food'.*
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- 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, effectively washing their hands before and after eating and not sharing food or drinks/drink bottles
- encourage empathy, acceptance and inclusion of the child with an allergy
- implement Food Allergy Smart Education Program- Food Allergy Awareness Events for Schools and Childcare

CONTACT DETAILS FOR RESOURCES AND SUPPORT

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

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.
There are three types of ASCIA Action Plans for Anaphylaxis and a First Aid Plan.

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

Allergy & Anaphylaxis Australia is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.
Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.
Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadviceline@rch.org.au

ADDITIONAL INFORMATION

SOUTH AUSTRALIA (SA)
Supporting children and students with anaphylaxis and severe allergies

CONTINUOUS IMPROVEMENT/REFLECTION

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

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. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
12	Meaning of a serious incident
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
96	Self-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(2)(h)	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
174	Time to notify certain circumstances to Regulatory Authority
175	Prescribed information to be notified to Regulatory Authority

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. (2021). Dealing with Medical Conditions in Children Policy Guidelines

Australian Children's Education & Care Quality Authority. (2025). Guide to the National Quality Framework

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).

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

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

Western Australian Legislation Education and Care Services National Law (WA) Act 2012

REVIEW

POLICY REVIEWED BY	Jason Sheehy	Principal	01/12/2025
POLICY REVIEWED	December 2025	NEXT REVIEW DATE	December 2026
VERSION NUMBER	V2025.12		
MODIFICATIONS			
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE