# Medical Conditions Policy - Schedule 1:
## Anaphylaxis and Allergy Management

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| Policy first issued | 19 August 2019 |
| Current review date | 17 August 2026 |
| Personnel responsible | Childcare Operations |

NQS 2 Children's Health and Safety

## PURPOSE

(1) This schedule sits under our overarching *Medical Conditions Policy* and must be read in conjunction with it

(2) It sets out how we implement the *Medical Conditions Policy* if a child at our service has been diagnosed with an allergy or at risk of anaphylaxis, to ensure their safety, inclusion and wellbeing while in our care

(3) It applies to children with a diagnosis of an allergy or anaphylaxis and their families, the approved provider, nominated supervisor, relevant staff, volunteers and students

(4) The nominated supervisor will provide this schedule to the parent of a child who has a diagnosed allergy or who is at risk of anaphylaxis, either at enrolment or upon diagnosis if the child is already enrolled

## KEY TERMS

(5) 'Allergen' is a substance that can cause an allergic reaction. Common allergens are foods, insect bites or stings, medications, latex, pollen, mould

(6) 'Allergic reaction' is when the immune system responds to an allergen. Symptoms can be range from mild to moderate (e.g., hives, rash, itchy eyes, swelling, tingling mouth, abdominal pain or vomiting) to severe and life-threatening (see anaphylaxis)

- 'Anaphylaxis' is a severe, sudden allergic reaction that can be fatal. Symptoms may include difficult or noisy breathing, tongue or throat swelling, wheeze, persistent cough, loss of consciousness, pale or floppy
- 'Anaphylaxis medical management plan' means a personalised medical document that provides information about the day-to-day allergy management of a child's allergy and risk of anaphylaxis – see 'ACSIA action plans'
- 'Adrenaline (epinephrine)' is a life-saving medication that is used to treat anaphylaxis by reversing the effects of the allergic reaction. It can be administered via an injector (e.g., an EpiPen or Jext) or a nasal spray (e.g., Neffy)

(7) 'Adrenaline injector' (e.g., EpiPen or Jext) is a pre-filled device with a dose of adrenaline. Delivered into a person's thigh during anaphylaxis

(8) 'ASCIA action plans' are medical management plan templates available from the Australasian Society of Clinical Immunology and Allergy. There are different types to suit the allergen and reaction e.g:

- ASCIA action plan for anaphylaxis (RED) for people who have been prescribed an adrenaline device
- ASCIA action plan for allergic reactions (GREEN) for people with allergies who have not been prescribed an adrenaline device
- ASCIA first aid plan for anaphylaxis (ORANGE) – a general use poster for allergic reactions and anaphylaxis that can be used to display or to store with general use adrenaline devices

# IMPLEMENTATION

## Critical information – allergy exposure and anaphylaxis emergency response

(9) If a child in our care has been exposed to their allergen, but have not yet developed symptoms, appropriately trained staff will:

(10) Follow the child's medical management plan and, if required, immediately contact the child's parent/emergency contact and ask for the child to be collected as soon as possible

(11) Carefully and calmly monitor and reassure the child until the parent/emergency contact arrives – do not leave the child alone

(12) If a child in our care starts to develop allergic symptoms, appropriately trained staff will:

(13) Treat it as medical emergency

(14) Follow the child's medical management plan OR follow the ASCIA general first aid plan for anaphylaxis (ORANGE) (if the child does not have a medical management plan)

(15) Call 000, say 'this is an anaphylaxis emergency', and implement our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy*) if the child is experiencing anaphylaxis or if you are unsure about what to do

(16) Administer adrenaline injector/nasal spray according to training and medical management plan if child is experiencing anaphylaxis. Administer injector if in doubt – even if the child is not known to have anaphylaxis

- Follow instructions on first aid action plan and from the 000 operator if an adrenaline injector is not available but is required
- Keep the child lying flat or sitting with legs outstretched (if breathing is difficult). Do not allow the child to stand, walk or be carried in an upright position (even if they appear well) at any time (e.g., while waiting for an ambulance or if a staff member is transporting the child directly to medical clinic/hospital)

(17) A staff member must stay with the child at all times, calmly monitoring, reassuring and comforting them

(18) In an emergency, staff must follow the directions of 000 services if an ambulance is not available

(19) Educators who are caring for babies will:

- Be alert for signs of reactions as allergies may not be known yet
- Respond quickly to allergic reactions because they are often more severe in babies
- Be extra vigilant and recognise if something is out of the ordinary

(20) Staff must advise the child's parent of any allergen exposures or allergic reactions as soon as possible, create an incident record within 24 hours, and make any necessary notifications to the regulatory authority within the required time frame (see *Incident, Injury, Trauma and Illness Policy*)

(21) The nominated supervisor will ensure that separate anaphylaxis emergency response plans are developed for any off-site activities (e.g., transport, excursions) involving the child

## Medical management plan and enrolment requirements

(22) If a child has been diagnosed with an allergy or anaphylaxis, their parent must inform the nominated supervisor - either at enrolment, or as soon as possible if the child is already enrolled

(23) Before the child attends our service, the parent must provide:

- A current medical management plan/anaphylaxis medical management plan signed by a registered medical practitioner - e.g., ASCIA action plan or a custom plan signed by a registered medical practitioner if the child has a confirmed allergy to grasses, dust mite or mould (these allergies do not require an ASCIA action plan as they do not cause anaphylaxis)
- Information about any dietary requirements
- Written authorisation for the administration of medication and emergency treatment
- prescribed our standard personal care products (e.g., creams, baby wipes, hand sanitiser etc) or provide alternative products if child is allergic
- Written permission to display the child's action plan, and photograph, if possible
- Up-to-date emergency contact details and doctor's contact details
- All necessary medication and equipment to manage their allergy or anaphylaxis - all labelled according to our instructions

(24) The nominated supervisor must advise the parent in writing of any known allergens at our service that pose a risk to the child

(25) Families must keep their child's action plan up-to-date and tell staff as soon as possible if there are any changes to the child's reaction, triggers or treatment. If there are no changes,

the action plan should be reviewed by the date specified by the child's medical practitioner (usually every 12-18 months if the child receives a new adrenaline injector prescription)

(26) At the time of enrolment or diagnosis, we must develop a risk minimisation plan/anaphylaxis care plan and a communications plan for the child, in consultation with the parent (see next section)

(27) The approved provider must ensure that the child's anaphylaxis action plan, risk minimisation plan are stored on the child's enrolment record and we will also keep the child's communications plan with those records. The approved provider must ensure that copies are readily accessible to staff while they are caring for the child, with consideration given to the child's privacy

(28) We must display a notice stating that a child who is at risk of anaphylaxis is enrolled at the service (*National Regulations* reg 173(2)(f)(i)) – if applicable. The notice must be in a prominent position that is clearly visible from the main entrance, but it must not identify the child

## Risk minimisation/anaphylaxis care plan and communications plan

(29) Before the child's first day or as soon as possible upon diagnosis, the nominated supervisor and relevant staff must consult with the child's parent to develop and implement an individualised:

- **Risk minimisation plan/anaphylaxis care plan** to assess and minimise the risks for all environments and activities the child will be involved in, both on-site and off-site – including practices and procedures for food handling and consumption (if relevant) and notifying parents of known allergens at our service that pose a risk to their child (example risk minimisation strategies attached **SCHEDULE 1 APPENDIX 1**)
- **Communications plan** to set out how staff (including casual/relief staff, volunteers and students) and parents will communicate information and changes related to the child's allergy or anaphylaxis (including to triggers, symptoms, treatment, routine care, risk management strategies, and any relevant service policies and procedures)

(30) Plans must be kept up to date and reviewed if there are any relevant changes (e.g., to the child's medical management plan or our policies and procedures), and after any incidents related to the child's allergy or anaphylaxis

(31) The nominated supervisor (or a nominee) will be the primary point of contact for families to raise any concerns or issues throughout the child's enrolment at our service

(32) Educators and families should have regular open communication about the child's allergy, risk of anaphylaxis, ongoing health and well-being. If an educator has any concerns or questions, they will discuss them with the child's parent

(33) See overarching *Medical Conditions Policy* for further details on medical management plans, risk minimisation and communications plans, including our legal obligations for record keeping, accessibility, staff and family awareness, and reviews

## We are an allergy aware service

(34) As a rule, we will not rely on banning food, items or activities because this can create a false sense of security that an allergy or trigger has been eliminated from the environment when this is not possible to achieve

(35) Instead, we will take a best practice 'allergy aware' approach by:

- Ensuring staff can identify children who have allergies
- Identifying and minimising exposure to known allergens through risk management, training, planning, communication, supervision and clear procedures
- Ensuring all staff understand their responsibilities and respond quickly to allergic reactions or anaphylaxis
- Educating children about allergies and the risk of anaphylaxis in an age-appropriate way, including how to stay safe, how to keep their friends safe, how to recognise and what to do about an allergic reaction
- Promoting the inclusion of children with allergies
- Regularly communicating our allergy aware approach and relevant policies and practices to families, staff and visitors

(36) However, because nuts are not essential to children's diets, we **do not** include them in our weekly menu and ask staff, families and visitors not to bring food that contains nuts into our service

## Inclusion and support

(37) Anaphylaxis may constitute a disability under the *Disability Discrimination Act 1992 (Cth*), which means that the approved provider must make reasonable adjustments to enable them to participate in our service on the same basis as their peers (see *Access and Inclusion Policy* for more details)

(38) Unless otherwise advised by the child's medical team, children with allergies will be encouraged to participate in our full program of indoor and outdoor activities, non-routine activities and special events

(39) Educators will be careful not to 'over-protect' children with allergies in such a way that prevents them from participating in activities or which discriminates against or stigmatises them in any way

(40) Instead, educators will balance risks, plan and make necessary adjustments to ensure the child can learn, play and fully belong

(41) Educators will support children who feel anxious about their allergic reactions, and encourage them to feel safe in our care

(42) For children with food allergies, educators will be sensitive during mealtimes, or activities and discussions that involve food, to lessen any feeling of difference, exclusion or isolation of children who are on a restricted diet

(43) Staff will respect a family's decision about whether to disclose the child's allergy or risk of anaphylaxis to friends and peers at the service. They will support those children who disclose their condition and protect the privacy of those children who do not disclose

## Medication bags and general use emergency kits

(44) If a child has been prescribed medication, their personal medication bag must contain:

- All necessary in-date medication and equipment as specified in their action plan
- A copy of their current plans (medical management plan, risk minimisation plan and communications plan)
- A current photo of the child (if possible)

(45) The nominated supervisor and educators must ensure that the personal child's medication bag is on-hand wherever the child is being cared for, including inside, outside or off-site (e.g., on excursions, outings, during travel and transportation)

(46) General use anaphylaxis emergency kits will also be readily accessible to staff wherever we are caring for children (including off-site), *even if there are no known children with anaphylaxis enrolled at the service*

(47) Each general use kit will be clearly labelled and distinguishable from individual children's kits, and contain:

- General use in-date adrenaline injector(s) appropriate to the ages/weights of children in our care (e.g., EpiPen Junior for children 7.5-20kg, EpiPen for children over 20kg and adults)
- An ASCIA general anaphylaxis action plan (ORANGE)

(48) The quantity and location of general use emergency kits will be determined by a risk assessment (refer to our *First Aid Policy* for more details)

(49) We will also keep an *adrenaline injector trainer* device that staff can use for practice during training. This will be kept separately and clearly labelled to distinguish it from the real devices

(50) The nominated supervisor must ensure that:

(51) Personal and general use medication is in-date, and related equipment is clean and working

(52) All medication and equipment is labelled and stored correctly, safely and accessibly, in line with our Administration of Medication Policy

(53) Adrenaline injectors and sprays are not refrigerated or exposed to direct heat

- Staff, including temporary/casual staff, volunteers and students, know where to locate the child's medication bag, our general use emergency kits and first aid kits
- Quarterly audits of individual medication bags and general use emergency kits are conducted

- Parents are notified as soon as possible if their child's medication is running low or due to expire, or equipment needs to be replaced

## Administration of medication

(54) Educators must administer medication according to their training, the child's action plan, written parental authorisation and our *Administration of Medication Policy*

(55) Children are not permitted to self-administer medication at our service

(56) In an emergency, trained staff may administer anaphylaxis medication to the child without prior parental authorisation (*National Regulations* reg 94)

(57) Our service's general use adrenaline injector may be used in the event that a previously undiagnosed child experiences anaphylaxis, or if a child with known anaphylaxis does not have their prescribed injector, their injector is not administered correctly, or they need a second dose.

(58) Refer to our *Administration of Medication Policy* for more details, including about keeping medication records

## Procedures and staff training

(59) Educators and other relevant staff must follow the child's action plan, risk minimisation plan and communications plan for the day-to-day management of the child's allergy and if there is an incident related to their condition

(60) The approved provider and nominated supervisor must ensure that permanent and temporary staff, volunteers and students are inducted, and receive ongoing training, support and supervision to implement all allergy and anaphylaxis procedures in place, including (where relevant to their role):

- Knowing which children have been diagnosed with an allergy or at risk of anaphylaxis, and where to find each child's medication and individual plans
- How to implement the child's action plan, risk minimisation plan and communications plan
- How to administer the child's medication, including emergency medication
- Recognising and responding to allergic reactions and anaphylaxis, including what to do in an emergency
- Safe food handling, cleaning and hygiene practices
- Conducting routine safety checks of our environment and the materials children are exposed to (e.g., skin creams, sunscreens, mulch, insects, pests, pets, packaging, latex, playdough, pollen, weather, medications)
- Considering children's allergies when planning activities and actively supervising children to reduce exposure to allergens, especially during mealtimes, cooking activities, excursions, special events, and outdoor environments

- Keeping accurate medication records and health records, and communicating these to parents
- Upholding our inclusive practices, risk management, privacy and record keeping

(61) By law, at least one staff member who has current approved first aid training, anaphylaxis management training and emergency asthma management training, must be present and available at all times we are caring for children, including during off-site activities (*National Regulations* reg 136)

(62) Our service goes above the minimum standards by ensuring that all educators have current approved training in anaphylaxis management and in managing allergies and other dietary requirements (All about Allergens for Children's Education and Care)

(63) First aid trained staff will also undertake regular 'hands on' training for administering adrenaline auto-injection devices at least twice a year (even if there are no children currently enrolled who have been diagnosed at risk anaphylaxis)

(64) Staff will practice our anaphylaxis emergency response plan at least once a year

(65) Staff and volunteers who handle food must also have up to date approved food safety training under the Food Safety Standards (see *Food Safety Policy* for more details)

(66) We will display anaphylaxis first aid procedure posters in prominent locations at the service

## Food safety

(67) The approved provider and nominated supervisor must ensure that all children are offered food and beverages that are appropriate to their needs at regular times throughout the day (*National Regulations* reg 78)

(68) Our weekly menu caters to the dietary needs of children in our care, including those who have food allergies

(69) However, if a child has multiple food allergies, as a precautionary measure we may ask their family to provide the child's daily food and drinks

(70) The nominated supervisor will ensure that educators and other relevant staff members including kitchen staff can identify children who have food allergies and meet each child's dietary requirements, in line with the child's action plan

(71) Educators and kitchen staff must handle food according to their food safety training, the child's individual risk minimisation plan, and our *Food Safety Policy*. They must strictly avoid cross contamination between allergen and non-allergen foods

(72) Room leaders will advise the child's parent in advance of food-related activities (e.g., cooking, birthday celebrations, special events, excursions) so there is time to make any necessary treatment adjustments or provide alternative options

## Excursions, special activities and events

(73) In consultation with the child's parent, the nominated supervisor and educators will plan and implement any extra measures needed for children with allergies to participate in non-routine and special events, including those held off-site (e.g., transport, travel, excursions)

(74) The nominated supervisor will ensure that an allergy-specific risk minimisation and emergency response plans are developed for special events and off-site activities involving the child, with consideration given the child's individual allergies and reactions

(75) The child's medication bag and management plans must be readily available during outdoor play, transport and travel, special events and excursions

(76) At least one staff member who has current approved first aid training, including in dealing with anaphylaxis management, must be present and available at all times we are caring for children, including during excursions, special events, travel and transport

## Incidents and reporting

(77) If a child is exposed to a known allergen, or experiences anaphylaxis or another incident related to their allergy, staff must follow our *Incident, Injury, Trauma and Illness Policy*

(78) If medication is administered to a child without authorisation in case of an anaphylaxis or emergency medication, the approved provider must ensure the parent of the child and emergency services are notified as soon as practicable (*National Regulations* reg 94)

(79) The approved provider and nominated supervisor will offer support to any staff and children who have been affected due to the incident

(80) If a child has an allergic reaction to a packaged food or a meal we provide, we will report it to the appropriate local food authority to investigate. If the food has been provided by the child's parent, they are responsible for reporting it

(81) Staff will follow ASCIA's free to download procedure for reporting an allergic reaction to food

(82) An allergic reaction/anaphylaxis in a child will trigger a review of their action plan, individualised risk minimisation/anaphylaxis care plan and communications plan

# SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | National Allergy Council's resources for ECECs | Best practice guidelines for anaphylaxis prevention management in children's education and care services 2026

# RELATED DOCUMENTS

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| Policies | See Medical Conditions Policy \| Administration of Authorised Medication Policy |
| Procedures | See Medical Conditions Policy \| Administration of Authorised Medication Policy |
| Resources | Example risk minimisation strategies – anaphylaxis and allergy (attached) \| Information about anaphylaxis and allergy (attached) \| Allergy Aware \| National Allergy Council resources |

## RESOURCE – Example risk minimisation strategies - anaphylaxis and allergy

| Example strategies for individual risk minimisation/anaphylaxis care plans* | |
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| General | • Notice displayed to indicate that one or more children has been diagnosed at risk of anaphylaxis at our service, identifying the allergen/s not identifying the child/children<br>• Allergy aware and general anaphylaxis action plan posters displayed in prominent locations<br>• Routine communication with parents to remind them that we are an allergy aware service that cares for children with allergies and who are at risk of anaphylaxis. Also, remind families not to bring nuts into the service (if applicable)<br>• Staff (including temp staff, volunteers and students) at induction and regular, scheduled intervals to be:<br>- briefed on which children have allergies and risk of anaphylaxis<br>- trained to implement all related policies and procedures (e.g., emergencies, food safety, hygiene and cleaning, administering medication)<br>- shown where they can locate the child's medication bag and copies of the child's plan<br>• Parents are advised at enrolment of the known allergens that are at our service and in routine communications<br>• With parent's permission and consideration given to privacy, a photo of child and details of their condition, to be displayed in appropriate locations |
| Medications and emergencies | • Parents are advised at enrolment and at regular intervals that the child cannot attend without their medication<br>• Parent to supply child's own skin creams, sunscreens, soaps etc or we ask them to check and approve of the ingredients of the ones we supply<br>• First aid kits to have non-latex sticking plasters and non-latex gloves available<br>• Educators to have anaphylaxis refresher training and hands on practice with injectors every 6 months (recommended) and anaphylaxis emergency response plan at least once a year where staff practice various scenarios (recommended)<br>• Personal medication bags and general use anaphylaxis kit to be audited by nominated supervisor every quarter |
| Kitchen / food from home | • Names and photo of child with food allergies/restrictions displayed in kitchen and children's room<br>• Cook and kitchen staff informed of medical condition and plans<br>• Parent to be given access to weekly menu for review<br>• Do not ban food, but consider asking families and staff not to bring peanuts or tree nuts into the service (as these are not essential to children's diet)<br>• Kitchen staff, educators (inc. volunteers and students) are formally trained in safe food handling, and in our service's food handling procedures to prevent the risk of cross contamination of allergen and non-allergen foods<br>• Service subscribes to https://allergyfacts.org.au to receive updates on product recalls and resources |

* (Not an exhaustive list - adapted from adapted from Allergy Aware and the National Allergy Council resources).

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| | • Relevant staff complete National Allergy Council's All about Allergens for CEC online training at least every two years<br>• Nominated supervisor and educators to regularly remind parents that snack/lunch boxes, water bottles, milk bottles, baby formula and special milks clearly labelled with the child's name. If not labelled, educators may refuse to give to the child<br>• Nominated supervisor and educators to regularly remind families not to send messy foods (such as grated cheese, nut spreads, yoghurt tubs) if there is a child with allergies to those foods<br>• If a child has multiple or complex food allergies, the child only to eat food brought from home<br>• Food restrictions (not food bans) of some foods may be considered for babies and young children's rooms. This may be needed where common toys are handled and put into the mouth, due to the increased likelihood of food being left on toys<br>• Food for child with latex allergy to be prepared with clean hands or non-latex gloves |
| Mealtimes | • Room leaders/nominated supervisor have checklist to go through with new staff, relief staff, volunteers and students to identify each child with allergies or other medical conditions that has food protocols<br>• At least one (preferably two) educator checks dietary lists before serving food<br>• Adults and children to practice good hand hygiene. They will not use hand sanitiser alone but can use baby wipes IF running water and soap aren't available<br>• Staff supervision during mealtimes – educator to position themselves close to reduce the risk of child consuming other children's food or drinks<br>• Educators to set up allergen restricted spaces for babies and toddlers at mealtimes<br>• Staff follow procedures for safe bottle-feeding, incl. ensuring formula and bottles are labelled, making up the non-allergen formula before allergen formulas, ensuring cross-contamination doesn't occur<br>• Food provided by parents if the child has multiple allergies<br>• Meals for child to be labelled, with separate labelled/different colour utensils, crockery, feeding equipment provided<br>• Educators remind children not to share food at mealtimes<br>• Educators take care taken when serving food that can splatter or is messy (e.g., yoghurt/milk/grated cheese/mashed or scrambled egg)<br>• Staff to wash utensils, crockery, equipment, kitchen and meal areas thoroughly with hot, soapy water<br>• Educators to remind children to stay seated while eating and drinking<br>• Educators not to allow children to use toys while eating<br>• If using self-serve platters, child to be given a separate platter<br>• Staff to thoroughly wipe down surfaces of tables, chairs and highchairs, with hot soapy water after meals<br>• Staff to clean up food and drink spills immediately<br>• Staff to clean up posits/vomit quickly and thoroughly as they can contain food allergens<br>• Staff to use disposable paper towels where possible. If cloths are used, machine wash cloths before using again<br>• Educators to discuss allergies with children and how to stay safe and look after friends at mealtimes |

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| Indoor environments | • Room leaders/staff leaders to monitor indoor environment and activities for any possible triggers for medical condition<br>• Use non-food rewards (e.g., pencils, stickers, privileges) if possible<br>• If food rewards are used, educators to only give child with food allergy the reward if the parent has given to permission and ingredients have been checked against the child's action plan OR parent to provide individual treats for the child<br>• Games and activities not to involve the use of any foods that child is allergic to<br>• When cooking or doing activities containing food, talk to parents well in advance. Where possible known allergens should be substituted with suitable ingredients. Cooking equipment and surfaces to be used by the child to be cleaned thoroughly before and after (dishes and equipment to go in dishwasher). Educators to remind children not to share food and child with allergy not to eat food prepared by other children<br>• Staff to regularly wash toys and equipment with hot soapy water<br>• High risk toys (e.g. wind toys and instruments such as whistles, recorders) to be avoided<br>• Educators remove any recycled craft items that could contain food allergens (such as empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut butter jars, ice cream containers)<br>• Face painting or mask making (when moulded on the face of the child) to be discussed with parents prior to the activity, as products used may contain food allergens such as peanut, tree nut, wheat, milk or egg<br>• Staff to check that playdough does not contain allergens, including nut oils and wheat. Educators to discuss options with parents of child with wheat allergy (such as using wheat-free flour). Educators to arrange an alternative material if the child can't play with playdough, and to supervise play to avoid cross contamination<br>• Non-latex gloves to be used at nappy changing stations, in first aid kits and in kitchens<br>• Non-latex balloons be used when there is a child with latex allergy |
| Outdoor environments | • Educators to have ready access to child's ASCIA action plan and medication while outside<br>**Insects:**<br>• Child with insect allergy to wear shoes when outside<br>• Bee and wasp nests to be removed by a professional + regular checks made to ensure no new nests have been made<br>• Regular poisoning of ant nests if there is a child with ant allergy attending (only be done when children are not at the service)<br>• Outdoor bins to be kept covered to reduce insects<br>• Child to be reminded to be aware of bees around water and in grassed or garden areas<br>• Lawns and clover mowed regularly<br>• When choosing new plants, choose those less likely to attract bees and wasps (such as non-flowering plants)<br>• Child with allergies to play in areas that are lower risk - away from garden beds, flowering plants, water, or garbage storage areas<br>• No open drink containers allowed outside, particularly those containing sweet drinks, as they may attract stinging insects |

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| | **Ticks:**<br>• Educators to ensure that child wears a hat and cover skin when outdoors and removes these before going indoors<br>• Where possible, child to tuck their pants into their socks and wear long sleeved tops if possible<br>• Educators to check that ether containing spray is in the first aid kit when engaging in activities in areas where ticks may be present<br>**Animals:**<br>• Where possible, staff to source animal feed that does not contain foods that child is allergic to (such as nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food, peanut butter in dog food, fish in cat food). Otherwise, label food clearly so that educators do not miss it, store food securely and children with allergies are supervised so they don't touch the food during feeding. All adults and children to practice hand hygiene after feeding<br>• Children with egg allergy should only handle chicks that hatched the previous day or longer (no wet feathers) and must wash their hands afterwards<br>• Anaphylaxis to animals such as horses or dogs is rare but may occur and should be considered with activities such as "show and tell", or visits to farms or zoos<br>**Sunscreen, garden produce and materials:**<br>• Service to buy sunscreen that does not contain food products (as nut oils, cow's or goat's milk) / parents to supply child's sunscreen<br>• Garden not to grow fruit or vegetables that a child is allergic to<br>• Service to source mulches that do not contain food allergens or mould allergens. Store mulch in a dry place to reduce growth of moulds |
| Special events and activities, including excursions | • The specific risk management plans for the special event/excursion to consider specific risks and minimisation strategies for the child<br>• First aid kit to be brought to any special events and excursions, along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts (educators to go through checklist before excursion/special events)<br>• At least one educator with approved first aid training, including for anaphylaxis must be at the special event or the excursion<br>• Educators to check for mobile phone coverage and possible allergens in the environment before the event or excursion<br>• Educators to speak with parents to see if they (or a trusted relative) may be able to attend as a volunteer to directly supervise the child<br>• Plans for fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food will consider the child's allergies<br>• Liaise with the parents of the child well in advance so they can provide suitable food, adjust the activity to accommodate the children with food allergies and/or plan to help on the day<br>• Nominated supervisor to send a notice to all families prior to the event outlining that one or more children at the service have food allergies and request that these foods are avoided where possible<br>• Before the event, educators to remind children not to share food with each other. Educators to supervise child with food allergy so they do not consume any food brought in by other children/families even if they are thought to be safe<br>• Celebration food provided by families is not permitted at our service |

## RESOURCE – Information about anaphylaxis and allergies

### Signs and symptoms of an allergic reaction

(83) Signs and symptoms of an allergic reaction may change, meaning the last allergic reaction may not be the same as the next

(84) Mild to moderate reactions include:

- Hives, welts or redness (any part of body)

(85) Swelling of the face, lips, eyes

- Tingling of the mouth

(86) Stomach pain and vomiting (these are signs of a severe reaction in someone with a severe insect allergy)

(87) Any of the following reactions are severe reactions and may be life-threatening - i.e. anaphylaxis:

- Difficult or noisy breathing
- Swelling of the tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Difficulty talking or hoarse voice
- Pale and floppy (young children)
- Stomach pain and vomiting for insect allergy

(88) Eczema, hay fever (allergic rhinitis), allergic conjunctivitis, and allergic asthma are examples of allergic diseases

(89) Insect allergic reactions will usually start within minutes of the sting or bite

(90) Food allergic reaction usually starts within 20 minutes and up to two hours after eating the food

(91) Symptoms might start out as mild or moderate, and then get worse and become anaphylaxis, but not always – sometimes symptoms are immediately severe

(92) Not all allergens will lead to anaphylaxis. Some examples of allergens that may cause anaphylaxis include food, insect bites and medication

### Allergy and anaphylaxis treatments

(93) There are different treatments for allergies, including:

- Antihistamines (e.g., Zyrtec, Phenergan, Telfast, Claratyne) – work by blocking the effects of histamines, which are chemicals the body produces in reaction to the allergen. Antihistamines come in different forms, such as tablets, nasal sprays, liquid. They are used to treat mild to moderate allergies only
- Adrenaline (Epinephrine) (injector devices or nasal sprays) – work by increasing blood pressure and opening the airways. An adrenaline injector or nasal spray contains one weight-determined dose of adrenaline and is the first line emergency treatment for anaphylaxis
- Corticosteroids (e.g., prednisone, hay fever nasal sprays, hydrocortisone cream for eczema) - work by dampening inflammation, which is the underlying cause of many allergic symptoms
- Allergen immunotherapy (aka desensitisation) – is a long-term preventative treatment that involves the regular administration of gradually increasing doses of a commercially prepared allergen. Will be prescribed under the care of allergy specialist

**Common triggers**

(94) Allergies are caused by an overreaction by the body's immune system to a substance that is usually harmless. The substances that trigger allergic reactions are called allergens, which include:

- Pollen
- Mould
- Dust mites
- Animal dander or saliva
- Insect stings or bites (e.g., bee stings, tick bites)
- Medication
- Food – especially peanuts, tree nuts, milk, eggs, soy, wheat, fish, crustaceans and sesame
- Latex
- Sulphites in food/drink