

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.

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
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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	Prescribed information to be displayed—education and care service other than a family day care service
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation of Children Policy Supervision Policy
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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 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, educators, management, the approved provider, nominated supervisor, students 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
- 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 Allergy (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)
- Cow's milk
- 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 Out of School Hours 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.

Anaphylaxis requires immediate treatment with adrenaline. Delay in treatment can result in fatal anaphylaxis. In 2026 there are multiple adrenaline devices approved for use in Australia including EpiPen®, Anapen®, Jext® and neffy®. (ASCIA, 2026).

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our 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 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 permission to display the child's ASCIA action plan in prominent positions within the Service.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the Education and Care Services National Law and the Educational and Care Services 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 [best practice- not mandatory]
- 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, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the OSHC Service who:
 - o holds a current ACECQA approved first aid qualification
 - o undertaken current ACECQA approved emergency asthma management and
 - o current ACECQA approved emergency anaphylaxis management training
- 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 [best practice- not mandatory]
- 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 (epinephrine) devices (not mandated, but recommended as best practice)
- 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
 - o any child at risk of anaphylaxis enrolled in the service
 - o the child's individual ASCIA Action Plan and its location
 - o symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
 - o the location of the child's adrenaline (epinephrine) 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 [National Allergy Best Practice Guidelines]

- 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 [National Allergy Council's Best Practice Guidelines]
- 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 is provided
- 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)

ensure the ASCIA Action Plan medical management plan includes:

- o child's name and DOB
- o specific details of the child's diagnosed medical condition
- o family/emergency contact details (name and phone number)
- o supporting documentation (if required)
- o a recent photo of the child
- o triggers for the allergy/anaphylaxis (signs and symptoms)
- o first aid/emergency action that will be required
- o adrenaline device/s prescribed and administration of device
- o antihistamine and dose (if required)
- o contact details and signature of the registered medical practitioner
- o date the plan should be reviewed

- 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 device is not permitted to attend the OSHC Service without a complete adrenaline 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 adrenaline 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) (2026) 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.
- implement a colour code system for all meals prepared/served at the OSHC Service including cutlery, plates, placemats [best practice]
- 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 [best practice] [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 Out of School Hours Service as part of a before/after school or vacation care program might carry their own adrenaline device. Children at risk of anaphylaxis usually only carry their own adrenaline device 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 (Regulation 96).

Where a child over preschool age carries their own adrenaline device it is advisable that the OSHC Service requests the child's parent to provide a second adrenaline device to be kept on the Service premises in a secure location, as it should not be relied upon that the device is always being carried on their person. If a child does carry an adrenaline 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 adrenaline device is with the child when they arrive at the OSHC Service.

NOMINATED SUPERVISOR/ APPROVED PROVIDER:

- 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
- that all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- 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 (not mandated, but recommended as best practice)
- that all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months, recording this in the staff records

- staff responsible for preparing, serving and supervising food for children with food allergies should undertake the National Allergy Strategy All about Allergens for CEC online food allergen management training/ or similar
- that all staff members are aware of
 - o any child at risk of anaphylaxis enrolled in the service
 - o the child's individual ASCIA Action Plan
 - o symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
 - o the location of their EpiPen® / Anapen® device
- that a copy of this policy is provided and reviewed during each new staff member's induction process.
- a copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Out of School Hours Service.
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- that all management and staff remain up to date with changes to individual children's action plans
- the Out of School Hours Service receives an up to date copy of the action plan every 12 months or if changes have occurred to the child's diagnosis or treatment.
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101
- ensure that at least one general use adrenaline injector is available at the Service in case of an emergency- Regulation 89. First Aid Kits

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

In some cases, children over preschool age attending an Out of School Hours Care 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 (Regulation 96).

Where a child over preschool age carries their own adrenaline device it is advisable that the OSHC Service requests the child's parent to provide a second adrenaline device to be kept on the Service premises in a secure location, as it should not be relied upon that the device is always being carried on their person. If a child does carry an adrenaline 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 adrenaline 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 adrenaline device kit (which must contain a copy the child's ASCIA Action plan is 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 is visible and known to staff, visitors, and students in the Out of School Hours 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
- ensure tables and bench tops are washed down effectively after eating
- ensure all children wash their hands upon arrival at the Out of School Hours Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- ensure that adrenaline 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 medical management plan
- ensure that the adrenaline device kit containing a copy of the ASICA 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 Out of School Hours Service e.g. on excursions that this child attends or during emergency evacuation.
 - regularly check and record the adrenaline 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 Out of School Hours 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 consent to use the adrenaline 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 adrenaline device kit each day their child attends the OSHC Service
- maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry
- 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
- 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

- 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 or via email of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes

In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Follow the First Aid Plan for Anaphylaxis
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline device
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

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

- Follow the child's ASCIA Action Plan - administer an adrenaline device
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline device
- 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

[Authorisation for emergency medical treatment for conditions such as anaphylaxis or asthma is not required and medication may be administered- as per Reg. 94]

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

- Educators 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*'.
- staff will talk about signs and symptoms of allergic reactions to children (e.g. itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny).
- with older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared
- 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

REPORTING PROCEDURES:

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

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Report*, 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 Report*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Report* will be placed in the child's file
- 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 Anaphylaxis medical action 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.

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. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Important information: The ASCIA Action Plan for Anaphylaxis must be completed by a medical practitioner.

[ASCIA Action Plans](#) for Anaphylaxis are device-specific and must be completed by a medical practitioner. The ASCIA website includes updated 2026 versions of the following.

- ASCIA Action Plan (**RED**) are for children or adults with medically confirmed allergies, who have been prescribed adrenaline device (Plans are available for EpiPen®, Anapen®, Jext® and neffy®)
- 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 devices
- 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 devices 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

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

The following links have been provided so you can research and adjust your policy to align with your own state governments requirements. Delete all or part of this section once formatting is complete.

VICTORIA (VIC)

[Children with medical conditions attending education and care services](#)

[First aid, anaphylaxis and asthma management](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our Anaphylaxis Management Policy will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management, and notification of any change to policies will be made to families.

Source

[Allergy Aware. \(2023\). *Best practice guidelines for anaphylaxis prevention and management in children's education and care.*](#)

[Australian Children's Education & Care Quality Authority. \(2021\) *Dealing with medical conditions in children Policy Guidelines*](#)

[Australian Children's Education & Care Quality Authority. \(2026\). *Guide to the National Quality Framework*](#)

[ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions: *Children \(Education and Care Services\) National Law \(NSW\) \(For NSW services only\)*](#)

[Early Childhood Australia Code of Ethics. \(2016\).](#)

[Education and Care Services National Law Act 2010](#)

[Education and Care Services National Regulations 2011](#)

[Education and Care Services National Regulations \(NSW\) \(2025\) \(For NSW Services only\)](#)

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

REVIEW

POLICY REVIEWED BY:	ANGELA STEVENS	BUSINESS MANAGER	22/05/2026
POLICY REVIEWED	FEBRUARY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	V13.02.26		
MODIFICATIONS	<ul style="list-style-type: none"> • policy reviewed out of schedule due to ASCIA Action Plan updates • policy updated to reflect terminology of adrenaline auto-injectors to adrenaline devices following the inclusion of new nasal spray device to ASCIA Action Plans • sources checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2025	<ul style="list-style-type: none"> • Additions to content of policy • Additional regulations added • Additions to emergency first aid requirements • rearranged some points under Educators to Nominated Supervisor • Storage of autoinjector updated • Updated 2020 ASCIA Action Plans • All State/Territory contacts checked for currency 	JULY 2026	