

# Lady Gowrie Community Kindergartens

## **MEDICAL CONDITIONS-** **ALLERGY/ANAPHYLAXIS MANAGEMENT POLICY**

### CONSIDERATIONS:

NATIONAL QUALITY STANDARDS	2.1 and 2.2
NATIONAL LAW ACT & NATIONAL REGULATIONS	Law: Sections, 167 and 174 Regulations: 85-87, 90-95, 136, 168, 170.

### POLICY STATEMENT:

To ensure that all appropriate and reasonable measures are taken to protect children with allergic conditions within the limits of the Service program. To ensure that the individual child's Medical Management Plan or Action Plan is followed during an allergic reaction or anaphylactic incident.

### RELEVANT FORMS/MATERIAL:

- Lady Gowrie Community Kindergartens Administration of Medication Policy
- Lady Gowrie Community Kindergartens Medical Conditions Policy
- Lady Gowrie Community Kindergartens First Aid Administration Policy
- Lady Gowrie Qld Medication Permission Form
- Lady Gowrie Qld Ongoing Medication Permission Form
- Lady Gowrie Qld Incident, Injury, Trauma and Illness Record
- Lady Gowrie Community Kindergartens Nutrition Policy – Food Brought From Home
- Individual Child's Anaphylaxis Action Plan/ Allergy Action Plan
- Lady Gowrie Qld Risk Minimisation Plan
- Notification of Serious Incident (ACECQA)
- Individual Child's Enrolment Form

### SOURCES:

- Allergy and Anaphylaxis Australia (2015). *What is Anaphylaxis?* [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Allergy and Anaphylaxis Australia (2015). Starting Kinder or Preschool with Food Allergies
- Allergy and Anaphylaxis Australia (2016). 5 Things you Should Know About Food Allergies.
- National Health and Medical Research Council (2024) Staying Healthy in Early Childhood Education and Care: Preventing Infectious Diseases in Early Childhood Education and Care Services (6<sup>th</sup> Ed). Commonwealth of Australia: Canberra
- Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

- Australasian Society of Clinical Immunology and Allergy (ASCIA) [www.allergy.org.au](http://www.allergy.org.au)
- Allergy and Anaphylaxis Australia - Best practice guidelines for anaphylaxis prevention and management in children's education and care services (including outside school hours care) (version 2.1 2023). [www.allergyaware.org.au](http://www.allergyaware.org.au)
- ACECQA and Queensland Government, Department of Education, Early Childhood Education and Care (2020). Dealing with Medical Conditions in Children – Policy Guidelines
- [www.epipen.com](http://www.epipen.com)
- [www.anapen.com.au](http://www.anapen.com.au)
- Education and Care Services National Law (Queensland) Act
- Education and Care Services National Regulations (Accessed 2024)

**Reviewed July 2024**

**Date to Be Reviewed: January 2026**

This policy outlines the procedures for a child who has a diagnosed allergy or is diagnosed as anaphylactic.

Where a Service holds emergency medication for use in an emergency with a child who is not diagnosed as anaphylactic the procedure outlined in the Lady Gowrie Community Kindergartens First Aid Administration Policy must be followed.

For staff reference both EpiPen® and Anapen® are now available in Australia

- EpiPen®Jr is prescribed for children 7.5-20kg. EpiPen® is prescribed for children over 20kg and adults.
- Anapen® 150 (Jr) is prescribed for children 7.5 – 20 kg and Anapen® 300 is prescribed for children and adults over 20 kg.
- Anapen® 500 is available for children and adults over 50 kg if prescribed by their medical practitioner.

## WHAT YOU SHOULD KNOW

### BACKGROUND

All permanent teachers/educators at the Kindergarten hold a current First Aid Qualification and approved Emergency Asthma and Anaphylaxis Management as per the ACECQA approved list. At all times the Service is in operation, at least one staff member holds the required First Aid Qualifications, should relief staff be in place.

A list of all children and staff who suffer from severe allergic reactions will be compiled and all teachers/educators will be made aware of case histories and appropriate treatment including trigger factors for each child, including the Risk Minimisation Plan.

Students and volunteers will be advised of children with severe allergic reactions and any required management processes.

If staff are diagnosed with severe allergic reactions, they should also follow the procedures.

**Children can get allergies from coming into contact with allergens. Some of the most common allergens are:**

- Pollens
- Moulds
- Dust mites
- Animals dander (flaking skin) and saliva
- Chemicals used in industry
- Bites / stings from insects (bee, wasp, ant are most common, ticks and fire ants can cause anaphylaxis in susceptible individuals)
- Some foods and medicines

**Most common food allergens for children are:**

- Milk
- Eggs
- Peanuts
- Tree nuts

	<ul style="list-style-type: none"> <li>• Fish and shellfish</li> <li>• Soybeans, soy milk, soy flour</li> <li>• Wheat</li> <li>• Some berry fruits</li> <li>• Sesame</li> </ul> <p>The list of children and their allergies will be kept in the medication folder or designated area in each room in the Service.</p> <p>A copy of each child's <b>Anaphylaxis Action Plan or Allergy Action Plan</b> and <b>Risk Minimisation Plan</b> will also be kept in a known place to staff (for example medication folder) in the classroom and the Anaphylaxis Action Plan displayed in the room of the child or in the most suitable location at the Service.</p> <p>Where the Service provides food, Action Plans will also be displayed in the kitchen.</p> <p>All staff known to have an allergic or anaphylactic reaction are to complete an Allergy or Anaphylaxis Action Plan as per this policy.</p>
WHAT IS ANAPHYLAXIS?	
ANAPHYLAXIS	<p>Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.</p> <p>Anaphylaxis is a generalised allergic reaction, which often involves more than one body system simultaneously (for example, - skin, respiratory, gastrointestinal or cardiovascular).</p> <p>Food allergy, insect stings and medication can cause severe anaphylaxis. Peanuts, nuts, eggs, milk, soy, sesame and shellfish are the foods that commonly trigger anaphylaxis. Even trace levels of these foods can cause anaphylactic reactions.</p>
WHAT WE NEED FAMILIES TO DO	
WHAT FAMILIES NEED TO DO	<p>Prior to beginning care, parents/guardians of children who are known to suffer from serious allergic reactions are required to complete an <b>Anaphylaxis Action Plan or Allergy Action Plan</b> in consultation with a medical or nurse practitioner, an allergist or allergy clinic (<i>Samples attached</i>).</p> <p>The Anaphylaxis Action Plan or Allergy Action Plan is the Medical Management Plan for the child. Please visit the ASCIA website <a href="http://www.allergy.org.au">www.allergy.org.au</a> to access the current template for the plan before any update of the plan is undertaken.</p> <p>A <b>Risk Minimisation Plan</b> in consultation with parents/guardians must be completed and all staff informed of this documentation.</p> <p>The Risk Minimisation Plan ensures that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised,</p>

	<p>including when relevant the safe handling, preparation and consumption of food at the Service and when relevant notifying families of any known allergens that pose a risk and strategies for minimising these risks.</p> <p>The Risk Minimisation Plan includes details of the known triggers or allergens for the child, where the child's Anaphylaxis Action Plan or Allergy Action Plan is displayed and where the individual child's medication is held at the Service.</p> <p>Allergy management and the well-being of a child with allergy reactions is primarily the responsibility of the child's parent/guardian.</p> <p>Parents/guardians need to regularly check the expiry date of medication. Generally, anaphylaxis medication has a 12-18 month shelf life.</p> <p>Parents/guardians must ensure that they or other emergency contacts are available by telephone at all times that the child is in care.</p> <p>Staff must be informed in writing of any changes in the child's allergy management with a new <b>Anaphylaxis Action Plan or Allergy Action Plan</b> provided.</p> <p>Allergy medication will be handed to a staff member who will store it in a safe place. It must be labeled clearly with the child's name and the dose of medication required (refer to Lady Gowrie Community Kindergartens Administration of Medication Policy).</p> <p>When discussing the Risk Minimisation Plan for the child, storage of medication will be discussed. Anaphylaxis medication can be stored in such a way that it is inaccessible to children and not in a locked cupboard or locked room, to ensure that it is immediately accessible to a staff member in the instance of the individual child who the medication is for having an anaphylactic reaction. EpiPen®/ Anapen and EpiPen®Jr/Anapen should be stored in a cool dark space, an insulated cover may be used in addition to the carrier tube provided so that the auto injector is stored between 15° C and 25° C. EpiPen®/Anapen® and EpiPen®Jr/Anapen® should not be stored in refrigerators.</p> <p>Parent/guardian <b>must</b> have completed an <b>Ongoing Medication Permission Form or Medication Permission Form</b> as relevant to the medication.</p>
<h2>WHAT FAMILIES CAN EXPECT OF TEACHER/ EDUCATOR</h2>	
<p>HOW PARENTS/ GUARDIANS ARE INVOLVED</p> <p>TEACHER / EDUCATOR</p> <p>WHAT YOU SHOULD DO</p>	<ul style="list-style-type: none"> <li>• Provide the family with a copy of the policy (this is to be recorded in the child's enrolment form).</li> <li>• Be familiar with the symptoms of anaphylaxis, and severe allergic reactions and be current in their training of first aid.</li> <li>• Observe strict hygiene routines – children and staff to wash hands before and after eating to prevent cross-contamination of food.</li> <li>• Review each child's <b>Anaphylaxis Action Plan or Allergy Action Plan</b> with parent(s)/guardian(s) annually, or more frequently should any changes in treatment occur or where an earlier review date is specified on their individual plan. Note the plan can only be altered with the permission of the medical or nurse practitioner who completed the plan or a new plan provided by a medical or nurse practitioner.</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff will have a system in place to check the expiry date of anaphylaxis medication and advise parent/guardian of replacement requirements.</li> <li>• Display a notice stating that a child has been diagnosed as at risk of anaphylaxis to alert any person entering the Service of allergy and reaction.</li> <li>• Staff members and volunteers to be informed about practices to be followed (communications plan as per the Lady Gowrie Community Kindergartens Medical Conditions Policy) in the event of a possible reaction.</li> <li>• Staff will include allergy awareness discussions and resources in the educational program as relevant to the current children enrolled. When relevant the Service may include resources such as “Jeremy’s Cake App” in supporting children’s understanding of food allergies. The Service may also participate in Food Allergy Week or Allergy and Anaphylaxis Australia’s “Be a M.A.T.E” program in raising awareness and understanding of food allergies.</li> <li>• In addition to staff first aid training, the Service may hold a trainer device with which staff can practice how to use an adrenaline auto injector.</li> <li>• Staff will discuss the Service response process to a medical emergency during staff induction and throughout the year as relevant to children and families currently enrolled in the Service.</li> </ul>
<b>RESPONSE TO ANAPHYLAXIS INCIDENT</b>	
<b>BACKGROUND</b>	<p>From their first aid training and posters displayed at the Service staff will be aware that the standard Action for Anaphylaxis as per the Australasian Society of Clinical Immunology and Allergy (ASCIa, <a href="http://www.allergy.org.au">www.allergy.org.au</a>) is the following:</p> <ol style="list-style-type: none"> <li>1. Lay the person flat – do not allow them to stand or walk (If unconscious, place in recovery position if breathing is difficult allow them to sit).</li> <li>2. Give adrenaline auto injector (EpiPen® Jr or EpiPen® or Anapen®)</li> <li>3. Phone Ambulance <b>000</b> (tell the operator that it is an Anaphylaxis emergency and the adrenaline auto injector has been administered).</li> <li>4. Phone parent/guardian and if not available phone emergency contact.</li> <li>5. Further adrenaline doses may be given if no response after 5 minutes and these are available. <b>At no time can another person’s prescribed medication be administered to the person.</b></li> <li>6. Transfer person to hospital for at least 4 hours of observation.</li> </ol> <p>Note: If in doubt give adrenaline auto injector.</p> <p>Commence CPR at any time if person is unresponsive and not breathing normally.</p>

	<p><u>When Asthma Medication is also Prescribed</u></p> <p>ALWAYS give adrenaline auto injector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.</p>
	<p><b><u>Know the symptoms</u></b></p> <p><b><i>Signs of Mild to Moderate Allergic Reaction</i></b></p> <ul style="list-style-type: none"> <li>• Swelling of lips, face, eyes</li> <li>• Hives or welts</li> <li>• Tingling mouth</li> <li>• Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).</li> </ul> <p><b><i>Signs of Anaphylaxis (Severe Allergic Reaction)</i></b></p> <ul style="list-style-type: none"> <li>• Difficulty/noisy breathing</li> <li>• Swelling of tongue</li> <li>• Swelling/tightness in throat</li> <li>• Wheeze or persistent cough</li> <li>• Difficulty talking and/or hoarse voice</li> <li>• Persistent dizziness or collapse</li> <li>• Pale and floppy (young children)</li> </ul> <p><b><i>Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis.</i></b></p> <p><b><u>Reassure the child</u></b></p> <ul style="list-style-type: none"> <li>• Reassure the child and inform staff in the immediate area as they will be able to assist children in the group and access further staff to support the incident.</li> <li>• Gather the medication and anaphylaxis action plan specific to that child.</li> <li>• Inform the Responsible Person of the program immediately.</li> </ul> <p><b><i>Follow the child's Anaphylaxis Action Plan</i></b></p> <ul style="list-style-type: none"> <li>• Administer individual medication as per Action Plan.</li> <li>• Phone Ambulance <b>000</b> (tell the operator that it is an anaphylaxis emergency and the medication which has been administered). If given, keep the now used adrenaline autoinjector and give this to Emergency Services to take to the hospital for reference of medical staff.</li> <li>• Phone parent/guardian or if needed emergency contact.</li> <li>• Continue to reassure the child and observe them while completing steps below.</li> <li>• If directed by Emergency Services and the Service holds a Service emergency EpiPen®Jr, this can be administered when a second dose is</li> </ul>

	<p>required after the administration of the child's prescribed auto-injector, or the first dose of adrenaline has not been able to be successfully administered due to failure of the adrenaline auto-injector or misfire.</p> <ul style="list-style-type: none"> <li>• Commence CPR at any time if person is unresponsive and not breathing normally.</li> <li>• Complete staff section on Medication Permission Form or Ongoing Medication Permission Form.</li> <li>• Complete an Incident, Injury, Trauma and Illness Record.</li> <li>• Notify the President or Executive Committee Member of what is taking place and any outcomes if not previously done.</li> <li>• Please note that the completion of all these tasks should be managed as efficiently and effectively as possible with the consideration of the child's wellbeing paramount at all times and ensuring the safety of the other children in the group.</li> <li>• <b>Note: If a child does not have a known diagnosis of anaphylaxis,</b> standard first aid procedures will be followed while you wait for an ambulance, reassure the child and lay them down. Those staff that are trained in an anaphylaxis first aid training course are able to administer the Service adrenaline auto injector as per anaphylaxis first aid procedure. If possible, this is discussed with emergency services or family at the time of the call advising them of the child's condition and the child's enrolment form checked regarding authorisation for this emergency medication. <b>Follow the procedure in Lady Gowrie Community Kindergartens First Aid Administration Policy.</b></li> <li>• An emergency where urgent medical treatment was required or reasonably ought to have been sought is a notifiable circumstance under Legislation. Inform the Regulatory Authority of the incident through your normal representation within 24hrs and completion of a Notification of Serious Incident through the NQA ITS Portal.</li> <li>• Notify Lady Gowrie Qld as the Service's CGB and forward a copy of the IITI Record and notification of the submission of the incident through NQA ITS.</li> <li>• At a suitable time undertake a review of the child's Medical Management Plan/Anaphylaxis Action Plan and Risk Minimisation Plan. Any changes to these documents will be communicated with Staff and relevant stakeholders as noted in the Communications Plan (Lady Gowrie Community Kindergartens Medical Conditions Policy).</li> <li>• If relevant, confirm with the parent/guardian that a new adrenaline auto injector or any other required medication has been provided and will be at the Service when the child returns to the Service.</li> <li>• The Service will review the response to the medical emergency and document if any action or no alternative action should be taken during or following any future medical emergency for any child at the Service.</li> </ul>
--	---



<b>NEVER</b>	<ul style="list-style-type: none"> <li>Staff are never to administer a child's prescribed medication to another child or person.</li> </ul>
<b>RESPONSE TO ALLERGIC REACTION INCIDENT</b>	
WHAT YOU SHOULD DO	<p>Know the symptoms</p> <p><b><i>Signs of Mild to Moderate Allergic Reaction</i></b></p> <ul style="list-style-type: none"> <li>Swelling of lips, face, eyes</li> <li>Hives or welts</li> <li>Tingling mouth</li> <li>Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).</li> </ul> <p><b><u>Reassure the child</u></b></p> <ul style="list-style-type: none"> <li>Reassure the child and inform staff in the immediate area as they will be able to assist children in the group and access further staff to support the incident.</li> <li>Gather the medication and Allergic Reactions Action Plan specific to that child.</li> <li>Inform the Responsible Person of the program immediately.</li> </ul> <p><b><i>Follow the child's Allergic Reactions Action Plan</i></b></p> <ul style="list-style-type: none"> <li>Administer any prescribed medication as per the child's Allergic Reaction Action Plan.</li> <li>Phone parent/guardian and if not available phone emergency contact.</li> <li>If at any time the child's condition deteriorates phone ambulance, dial 000.</li> <li>Complete staff section on Medication Permission Form or Ongoing Medication Permission Form.</li> <li>Complete an Incident, Injury, Trauma and Illness Record.</li> <li>Notify the President or Executive Committee Member of what is taking place and any outcomes if not previously done.</li> <li>Please note that the completion of all these tasks should be managed as efficiently and effectively as possible with the consideration of the child's wellbeing paramount at all times and ensuring the safety of the other children in the group.</li> <li>An emergency where urgent medical treatment was required or reasonably ought to have been sought is a notifiable circumstance under Legislation. Inform the Regulatory Authority of the incident through your normal representation within 24hrs and completion of a Notification of Serious Incident through the NQA ITS Portal.</li> </ul>

	<ul style="list-style-type: none"> <li>• Notify Lady Gowrie Qld as the Service's CGB and forward a copy of the IITI Record and notification of the submission of the incident through NQA ITS.</li> <li>• At a suitable time undertake a review of the child's Medical Management Plan/Allergy Action Plan and Risk Minimisation Plan. Any changes to these documents will be communicated with staff and relevant stakeholders as noted in the Communications Plan (Lady Gowrie Community Kindergartens Medical Conditions Policy).</li> </ul>
--	---

## Communications Plan

Action	Persons Involved
Prior to beginning care Medical Management Plan / Action Plan and Risk Minimisation Plan completed.	Family, if applicable for the child's medical condition their medical or nurse practitioner and the Nominated Supervisor or Service Manager (where this is the Service Manager it is the Service Manager's responsibility to inform the Nominated Supervisor of completion of the documentation).
Providing the family with a copy of the relevant Medical Conditions Policy	Nominated Supervisor or Service Manager.
Informing staff members and volunteers.  On induction all staff members will be informed about the Medical Conditions Policy and the Medical Management Plan and Risk Minimisation Plan for children enrolled at the Service.  On induction all volunteers will be informed about the Medical Conditions Policy and the Medical Management Plan and Risk Minimisation Plan for children enrolled at the Service and participating in the group which the volunteer will have direct contact with.	Nominated Supervisor or Service Manager. Informing of staff members and volunteers will be recorded on the individual staff member or volunteers induction documentation.
Updating the list of children who have specific health care needs or medical conditions and notifying the staff that this list has been updated.  Staff will be notified that the list has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded on the list.)	Nominated Supervisor or Service Manager
Parents / guardians must update the Nominated Supervisor or Service Manager <b>in writing</b> of any changes to the Medical Management Plan / Action Plan.  Staff will be notified that the Medical Management Plan / Action Plan has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded.)	Parent / guardian  Where the Service Manager is informed, it is the Service Manager's responsibility to inform the Nominated Supervisor of the updated information and distribution of new information to staff.  The receipt of the written information will be dated and recorded on the child's file.  When this change involves a change in the medication for the child the Nominated Supervisor or Service Manager will provide the parent / guardian with new Ongoing Medication Permission Forms or Medication Permission Forms, as relevant, for any medication that has been changed and request these are completed by the parent / guardian.  Please note: Action Plans using the template from the Australasian Society of Clinical Immunology and Allergy can only be altered with the permission of the medical or nurse practitioner who completed the plan ( <a href="http://www.allergy.org.au">www.allergy.org.au</a> ).

<p>Parents / guardians must update the Nominated Supervisor or Service Manager <b>in writing</b> of any changes to the Risk Minimisation Plan.</p> <p>Staff will be notified that the Risk Minimisation Plan has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded and staff will be required to sign the updated Risk Minimisation Plan.)</p>	<p>Parent / guardian</p> <p>Where the Service Manager is informed, it is the Service Managers responsibility to inform the Nominated Supervisor of the updated information and distribution of new information to staff.</p> <p>The receipt of the updated information will be dated and recorded on the child's file.</p> <p>The Nominated Supervisor or Service Manager will be responsible for updating the copy of the child's Risk Minimisation Plan including on the child's file, staff handbook folder which relief staff access and any locations the Risk Minimisation Plan is stored at the Service.</p>
<p>Excursions</p> <p>The parent / guardian will advise of any additional information regarding medical requirements on the Excursion Authorisation Form.</p> <p>The Responsible Person during the excursion will confirm with staff and any parents / guardians / additional adults attending the excursion that they have been informed of the support strategies outlined in the Risk Assessment.</p>	<p>Parent / guardian</p> <p>The Nominated Supervisor will ensure that when necessary, information will be included in the Risk Assessment for the excursion (no individual child will identified by name in the Risk Assessment) and relevant support strategies are in place.</p> <p>Responsible Person during the excursion.</p>