Policy Statement

Affinity Education Group is committed to ensuring that every child and employee with a medical condition is safe, supported, and able to participate fully in the service environment. Medical conditions will be managed through individualised planning, risk reduction strategies, clear communication, and timely response to symptoms or emergencies.

We collaborate with families, follow advice from medical professionals, and comply with all relevant National Law and Regulations to uphold each person's safety, dignity, rights, and wellbeing. Educators are equipped with the knowledge, training, and resources necessary to recognise symptoms, implement plans, administer medication safely, and respond confidently in an emergency.

Policy Objective

The objective of this policy and procedure is to ensure that medical conditions are:

- Identified early and managed through appropriate planning;
- Documented clearly and consistently through approved templates;
- Supported by effective risk minimisation strategies;
- Communicated to all relevant educators, volunteers, and families;
- Monitored regularly, with plans updated when circumstances change;
- Managed in compliance with the Education and Care Services National Law and Regulations;
- Addressed in a way that promotes inclusion, safety, and child wellbeing.

This should be read in conjunction with POL2-P4 Medical Conditions Policy and Procedure which details the below process.

Anaphylaxis/Allergy Management Procedure

It is suggested that 1 in 5 children experience allergies or anaphylaxis (ASCIA 2020). An allergy is the body's immune system reacting to contact with or consuming a substance known as an allergen. The most common trigger of allergic reactions comes from food with peanuts and tree nuts, milk, eggs, seafood, soy, sesame and wheat being the main causes although any food may be a trigger. Other triggers may include insect stings and bites, some medications or creams or substances such as latex or adhesives. Some environmental elements may also contribute to allergies such as plants, dust and dust mites, pollen, grass or pet hair.

A susceptible person may exhibit mild to moderate allergy symptoms such as hay fever, hives, allergic conjunctivitis, dermatitis, eczema, swelling of the lips, wheezing or vomiting. While in others they may cause a life-threatening reaction known as anaphylaxis.

Anaphylaxis is the most severe form of allergic reaction and must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. This type of reaction is generalised which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, and cardiovascular). A severe allergic reaction can occur within minutes of exposure to the allergen or anywhere from a few minutes to 2 hours or more afterwards. Symptoms can present quickly and worsen rapidly.

Symptoms displayed are individual to the child but may include hives, tingling around mouth, swelling of lips, face and airways, tightness in chest and difficulty breathing and unconsciousness

Anaphylaxis/Allergy Action Plan

The doctor may provide the family with the ASCIA template for Anaphylaxis Action Plan or Allergy Action Plan or Action Plan for FPIES or other written instruction. Ensure each plan reflects the device prescribed — including nasal spray options. See POL2-P4 Medical Conditions Policy and Procedure section 2. Complete the Medical Management/Action Plan

General use-epi-pen

A centre may have on the premises, a general-use epi-pen to be used only in the event of a child experiencing their first anaphylactic reaction or in the case of a prescribed epi-pen misfiring or the first dose not being effective in relieving the child's symptoms. A risk assessment will be conducted in determining the need and number or devices available for general use. The expiry date for this device must be monitored to ensure currency

Self-Administration of epi-pen/Adrenaline device

For children over preschool age, only after risk assessment and consultation with Centre Manager, family and the child, it may be agreed and documented that the child can self-administer necessary medication, for example; EpiPen/adrenaline device when they feel the onset of symptoms. This agreement must be recorded and communicated with all educators and volunteers. Procedures will need to be developed and implemented to adequately store, witness and record the self-administration dosage and time. Self-administration must be done in the presence of two qualified educators and recorded on the long-term medication form or emergency medication form – whichever is relevant to the purpose of administration.

Anaphylaxis/Allergy Risk Management Strategies

Food triggers:

- Must implement the Food-Related ID Cards, individual placemats and Food-Related Needs Register system to maintain communication of food-related needs, children in attendance and specially prepared meals between educators and kitchen staff. (See below and also refer to **3.2.12 Manager Children's Food Related Needs.)**
- Closely monitor meal times and not allow children to share food, drinks, utensils or food containers.
- Clean meal areas well before and after use. Ensure foods are contained to meal areas and discourage children from walking around with food.
- If appropriate, seat a child with allergies at the end of the table, if food is being served to other children that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded. If a child is very young, the child may have a dedicated high chair to further minimise the risk of cross infection.
- Ensure the cook is aware of allergens and prepares food in line with a child's medical management plan and family recommendations.
- Ensure families label all bottles, drinks and lunchboxes with their child's name and bottles are stored in individually labelled baskets using the Food-Related ID Cards.
- Be mindful of the use of food products in craft, science experiments and cooking experiences so children with allergies can participate such as egg cartons or playdough.
- Instruct educators on food handling and storage to prevent cross contamination.
- For services providing food – modify the menu and where possible use substitutes to meet dietary needs.
- Request that families provide food that does not contain known allergenic elements even if their child does not have an allergy.
- Remind all service users that allergies are present by way of a sign in the foyer or near the front door.

NOTE: It is impractical and not always effective to label your service as 'nut-free' or 'egg-free', for example, as this cannot be guaranteed. It is safest to declare your service as 'allergy aware' and advise others of the presence of people with allergies and/or anaphylaxis and discourage bringing known triggers into the environment. This ensures that all educators and centre users are alert and aware of children and adults susceptible to reactions and their triggers.

Non-food related triggers:

If applicable,

- Complete a daily safety audit of the indoor and outdoor environment to monitor insects such as bees, wasps, ants or spiders or any other hazards
- Restrict access to animals, if they are kept at the centre and are a known trigger, and immediately wash hands after contact
- Ensure the administration of medication procedure is followed by excluding the child with new medication for 24 hours and not administering the first dose of medication to the child while at the centre.
- If necessary, seek the services of a horticulturalist to inspect the gardens and surrounds for plants likely to cause a reaction.
- Purchase alternative gloves, if necessary, if the service is currently using latex gloves.
- Use alternative wound coverings, if necessary, if a child's skin reacts to adhesives.
- Seek approval from the family prior to applying the centre's sunscreen, via the enrolment form, or applying the child's own product. The family will need to complete an 'Apply external skin treatment' form for their own product.

Responding to Anaphylactic Reaction Emergency

If a child is displaying symptoms of an anaphylactic reaction the service will:

- Stay with the child and keep them calm and have another educator call an ambulance immediately by dialling 000
- Ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection an EpiPen® or Adrenaline device in line with the steps outlined in the management plan or by the Australian Society of Clinical Immunology and Allergy and CPR if the child stops breathing.
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Present the ambulance officers with the spent EpiPen as evidence of what was administered.
- If the ambulance officers deem it necessary to take the child to hospital, the Centre Manager or primary educator will accompany the child to the hospital if a family member/guardian is not present.
- Complete the Child Illness report and the Emergency Medication form.
- The Centre Manager is to inform the Area Manager, or in their absence, the State Manager to inform them of the events and actions that have occurred.

These tasks must be completed as efficiently and calmly as possible with consideration to the child's well-being and the safety, supervision and well-being of the other children in the group.

Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's family should be notified, requested to collect the child and to seek medical advice. Educators should closely monitor the child until the family arrive and take immediate action if the child develops symptoms.

After an anaphylactic episode the child's management plan will be reviewed and evaluated to determine if the response could be improved or the environment reassessed. It is also important for educators to debrief and discuss their feelings and actions.

Following the administration of an epi-pen or adrenaline device, the instance a child suffers a reaction or if there is a near miss, report on the ServiceNow and to the Regional Manager as soon as possible and within 24 hours of being notified of the incident.

References

- Education and Care Services National Regulations 2011
- Education and Care Services National Regulations WA 2012
- Allergy and Anaphylaxis Aust. 'Awareness'. http://www.foodallergyaware.com.au/awareness/
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- ASCIA. 2023. 'Adrenaline Injectors for General Use.' https://www.allergy.org.au/hp/anaphylaxis/adrenaline-injectors-for-general-use
- NHMRC. 2024. 'Staying Healthy 6th Edition.' https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Staying-Healthy/Staying-healthy-guidelines.pdf
- Allergy and Anaphylaxis Action Plans – ASCIA
- http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- Food protein induced enterocolitis syndrome (FPIES) https://www.allergy.org.au/patients/food-other-adverse-reactions/fpies-action-plan

Version History

Version Control	Date	Author	Description of Change
1	Oct 2013	AEG	Update ECSNR
1.2	Oct 2014	AEG	Update ECSNR
V10.15	Oct 2015	AEG	Full revision
V11.16	Nov 2016	AEG	Review
V6.17	June 2017	AEG	Review
V6.18	June 2018	AEG	Review
V6.19	June 2019	AEG	Scheduled review
V12.19	Dec 2019	AEG	Food ID card system
V1.21	Jan 2021	AEG	Scheduled review
V1.22	Jan 2022	AEG	Scheduled review
V2.23	Feb 2023	AEG	Scheduled review
V11.23	Nov 2023	AEG	RACI table and reference added
V2.24	Feb 2024	AEG	Scheduled review, format change
V11.24	Nov 2024	AEG	Clarified completing 2-F5
V2.25	Feb 2025	AEG	Scheduled review
V15.0	Feb 2026	AEG	Scheduled review – updated to new template minor changes made. Supporting Policy POL2-P4 Medical Conditions Policy and Procedure uplifted with overarching medical conditions process. Included reference to FPIES action plan and included terminology of Adrenaline device as now encompasses nasal spray