

POLICY NO: 01 ANAPHYLAXIS ALLERGIES & FOOD INTOLERANCES MANAGEMENT

Key Policy Contact Person: Manager, Our Village Family Childcare

POLICY STATEMENT:

Our Village Family Childcare is committed to providing as far as practicable, a safe and supportive environment for all children who have been diagnosed or undiagnosed with a medical condition for equal participation in all aspects of the child's care and education.

In accordance with the Education and Care Services National Regulations, (current version September 1, 2025), Part 4.2 Children's Health and Safety, Regulation 90 the key prevention strategies is having the knowledge of the children diagnosed as at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnership between the childcare service, the Educator and the parents are important in ensuring that certain food items are kept away from the child whilst in care.

CRITICAL INFORMATION:

Parent/Guardian Responsibilities

- Parents and guardians of children diagnosed as being at risk of anaphylaxis are required to:
- Provide a current Anaphylaxis Action Plan (ASCI Action Plan), completed and signed by a registered medical practitioner.
- Notify the Educator and Coordination Unit in writing of any changes to the child's medical condition, including updates to the Anaphylaxis Action Plan.
- Ensure the updated Anaphylaxis Action Plan is submitted prior to the child commencing care or immediately following an initial diagnosis.
- Supply an up-to-date photograph of the child to accompany the Anaphylaxis Action Plan when it is renewed.
- Provide an in-date auto-adrenaline injection device (e.g., EpiPen®) for use in emergencies.
- Inform the service, either at enrolment or upon diagnosis, that their child is at risk of anaphylaxis.
- Ensure the Anaphylaxis Action Plan is reviewed annually, or sooner if required, by a registered medical practitioner, and provide the updated plan to both the Coordination Unit and the Educator.

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PURPOSE:

The purpose of this policy is to provide, as far as practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally in all aspects of their care and education. It seeks to raise awareness about anaphylaxis and the service's anaphylaxis policy within the Childcare community, while fostering collaboration with families to assess risks and develop appropriate risk minimisation and management strategies for each child. Furthermore, the policy ensures that all Coordination Unit staff and Educators have sufficient knowledge of allergies, anaphylaxis, and the procedures required to effectively respond to an anaphylactic reaction.

SCOPE/RESPONSIBILITIES:

This document applies to all Educators, Families, Coordination Unit Staff, Volunteers and Students of Our Village Family Childcare Service.

STATEMENT OF DIVERSITY

Sunbury and Cobaw Community Health is committed to improving the health of our community and being accessible to all, including people from culturally and linguistically diverse (CALD) communities, those from Aboriginal and Torres Strait Islander background, people with a disability, Lesbian Gay Bisexual Transgender Intersex and Queer (LGBTIQA+) people and other socially vulnerable groups and supporting their communities across the lifespan from birth to older age.

DEFINITIONS:

Anaphylaxis	Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects, or medicines) to
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	which a person is allergic. Not all people with allergies are at risk of anaphylaxis. (acacia – Anaphylaxis)
Food Intolerance	Food intolerance is a type of food sensitivity that refers to all non-immunological reactions to food. Food intolerance reactions are different to food allergies as they are caused by food additives and naturally occurring food chemicals as opposed to specific food proteins as is the case for allergies. (Nutrition Australia – Food Intolerances)

PROCEDURES:

- Prior to commencing or continuing care, any child enrolled at the service who has been diagnosed with an allergy or anaphylaxis must have a current Medical Management Plan in place.
- Families must inform the Coordination Unit and Educator of any food intolerances during the enrolment process, and a Risk Minimisation and Communication Plan must be completed accordingly.
- In collaboration with the child's parents, the Educator—supported by Coordination Unit staff—will develop an individualised Risk Minimisation and Communication Plan for any child diagnosed by a registered medical practitioner as being at risk of anaphylaxis.
- Where the Educator is responsible for providing food to children with allergies, anaphylaxis, or food intolerances, prior approval must be obtained from the child's parent or guardian before serving.
- Educators are required to actively monitor children during mealtimes to ensure food is not shared and that children only consume food provided specifically for them.
- Parents or guardians will be informed of any planned cooking experiences, with consent obtained either verbally or in writing.
- The child's Risk Minimisation and Communication Plan will be prominently displayed on the communication board at the Educator's residence and in the Coordination Unit's play session room, if the child attends group play sessions.
- Notification that a child has been diagnosed with anaphylaxis will be clearly displayed at the entry point of the service.

Individual Anaphylaxis Action Plan (ASCIA Action Plan)

An Individual Anaphylaxis Action Plan must be provided by the child's parent or guardian and must be completed, signed, and dated by a registered medical practitioner. The plan must include detailed information regarding the child's diagnosis, specifying the type of allergy or allergies identified. It must outline clear emergency procedures to be followed in the event of an allergic reaction and specify the medication required to manage an anaphylactic episode. Additionally, the plan must include a current photograph of the child to support accurate identification and response.

Risk Minimisation and Communication Plan

The Educator is responsible for implementing the strategies outlined in the child's Risk Minimisation and Communication Plan. This plan must include:

- Clearly defined strategies to minimise the risk of exposure to known allergens while the child is in care, including during indoor and outdoor activities, as well as excursions.
- Specific information regarding the storage location of the child's prescribed medication.
- Up-to-date emergency contact details for the child.
- Communication strategies agreed upon with the family, including how relevant information will be shared with other age-appropriate members (typically 13 years and older) residing in the Family Day Care environment. These details, along with consent, are documented within the Educator Family Agreement.

Service/Educator Communication Plan

Educators must promptly notify the Coordination Unit if a child in their care is diagnosed as being at risk of anaphylaxis. Upon receiving this information, Coordination Unit staff will ensure it is accurately documented in the child's records. The Coordination Unit will provide ongoing support to Educators caring for children at risk of anaphylaxis by:

- Providing a comprehensive briefing on the service's anaphylaxis policy;
- Offering information on the causes, symptoms, and appropriate treatment of anaphylaxis;
- Delivering a refresher on the correct use of auto-adrenaline injection devices (e.g., EpiPen®);
- Reviewing first aid and emergency response procedures to ensure preparedness.

Staff/Educator Training and Emergency Response

All staff who work directly with children, as well as those supporting Educators caring for children at risk of anaphylaxis, must maintain current training in anaphylaxis management, with refresher training completed at least every three (3) years. In the event of an anaphylactic reaction, the service will follow the procedures outlined in Policy No. 14 – *Incident, Injury, Trauma and Illness*, in conjunction with the child's Individual Anaphylaxis Action Plan (ASCI Action Plan), to ensure a prompt and effective emergency response.

Parent/Guardian Responsibilities

Parents and guardians of children diagnosed as being at risk of anaphylaxis are required to:

- Provide a current Anaphylaxis Action Plan (ASCI Action Plan), completed and signed by a registered medical practitioner.
- Notify the Educator and Coordination Unit in writing of any changes to the child's medical condition, including updates to the Anaphylaxis Action Plan.
- Ensure the updated Anaphylaxis Action Plan is submitted prior to the child commencing care or immediately following an initial diagnosis.
- Supply an up-to-date photograph of the child to accompany the Anaphylaxis Action Plan when it is renewed.
- Provide an in-date auto-adrenaline injection device (e.g., EpiPen®) for use in emergencies.

- Inform the service, either at enrolment or upon diagnosis, that their child is at risk of anaphylaxis.
- Ensure the Anaphylaxis Action Plan is reviewed annually, or sooner if required, by a registered medical practitioner, and provide the updated plan to both the Coordination Unit and the Educator.

APPENDICES:

- Anaphylaxis Action Plan (ASCIA template)
- Our Village Family Childcare – Risk Minimisation Plan and Communication Plan

REFERENCES:

- [Education and Care Services National Regulations, \(current version September 1, 2025\) Regulation 90](#)
- [Allergy and Anaphylaxis Australia](#)
- [Australasian Society of Clinical Immunology and Allergy](#)
- [ASCIA Action Plans](#)

RELATED POLICIES & PROCEDURES, WORK INSTRUCTIONS:

- Excursions – 16
- Acceptance and refusal of Authorisations - 22
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- Health and Safety – Nutrition, Food and Beverages, Dietary Requirements and Food Handling - 20
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VERSION CONTROL AND LEGISLATION:

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