

## Anaphylaxis Background

C&K is committed to supporting the inclusion and participation of all children, including children diagnosed with anaphylaxis and allergies. The safe and effective management of anaphylaxis and allergies requires meticulous attention, ongoing collaboration, clear communication, and shared responsibility between the centre and parents/guardians.

Consistent with the recommendations of the National Allergy Council (2023), C&K centres do not claim to be "nut free". Instead, an allergy-aware approach is implemented.

In accordance with the *Administration of Medication Procedure*, the Centre Director/Nominated Supervisor will ensure a current supply of adrenaline auto-injectors (EpiPen or Anapen) is maintained for emergency use in the event that a child without a prior diagnosis experiences a suspected anaphylactic reaction while attending the centre.

This procedure reflects *Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services (2023)* and is implemented alongside the definitions listed in appendix one, emergency first aid steps in appendix two and the following procedures:

- Medical Condition Procedure
- Administration of Medication Procedure
- Nutrition and Food Safety Procedure
- C&K Childcare Centre Food Safety Program

## For the purposes of this procedure:

- A food intolerance diagnosed by a registered medical practitioner is an allergy.
- Kitchen personnel are Chiefs, Cooks, Kitchen Assistants and any teacher and educator temporarily working in the kitchen.

**Not in scope:** Food preferences, dietary restrictions, and intolerances not diagnosed by a registered medical practitioner. Instead refer to Undiagnosed Dietary Requirements Procedure.

## Review and confirm enrolment health information

### Centre Director/Nominated Supervisor will:

- Seek clarification from parent/guardian to determine if anaphylaxis, allergy, intolerance or dietary requirement recorded in their child's *Enrolment Booklet/Online Form* is undiagnosed or diagnosed by a registered medical practitioner.
- When an undiagnosed dietary requirement is recorded as a medical condition, amend Kidsoft by:
  1. "Add a Comment" on child's details. Include your name, parent name, date and details of conversation and if applicable, upload scanned copy of written parent/guardian instructions as "undiagnosed dietary requirement" to the child's record.
  2. Delete medical information record from the child's details.
  3. Create a tag "special dietary requirement" on child's Kidsoft record to reflect the undiagnosed dietary requirement.

## Risk minimisation plans

### Centre Director/Nominated Supervisor will:

- In consultation parents/guardians and centre team, lead the development, implementation, and review of *Risk Minimisation Plans* (in *Medical Condition Records*) for individual children with anaphylaxis and allergies.
- Ensure *Risk Minimisation Plans* are tailored to meet individual health needs of children.
- When a child has a complex food allergy, consult with parents/guardians regarding the option of their child eating suitable foods from home instead of meals provided by the centre. Document this arrangement in the child's *Risk Minimisation Plan* (in *Medical Condition Record*).
- Discuss with parents/guardians which foods their child may safely eat at special events and celebrations, such as birthdays. Discuss the option of providing suitable foods from home that could be stored in the centre freezer, in a sealed container, labelled with their child's name. Document this arrangement in the child's *Risk Minimisation Plan* (in *Medical Condition Record*).
- Direct all centre staff (including kitchen personnel) to read and implement (and sign acknowledgement table) the *Risk Minimisation Plans*.
- Promptly communicate changes to children's dietary requirements with all centre staff, including kitchen personnel.
- Regularly monitor and assess centre staff compliance with this procedure and *Risk Minimisation Plans*. Prioritise corrective actions and improvements when practice gaps are identified.

## Displays and records

### Centre Director/Nominated Supervisor will:

- When applicable, display Child with Anaphylaxis Currently Enrolled Poster at centre foyer/entrance.
- Create, update and laminate a Dietary Requirement Card for each child with (food related) anaphylaxis or allergy.
- Display Colour Plate Protocol and current Centre Health Summary Record in relevant, prominent locations.
- Promptly update displays and records when children's health needs change.

### Kitchen personnel will:

Maintain a *Kitchen Allergy Folder* containing:

- Colour Plate Protocol Poster
- Current Centre Health Summary Record
- Individual Dietary Requirements Cards
- Current Undiagnosed Dietary Requirements Risk Minimising Plan
- Medical Management Plans for children with anaphylaxis and allergies.
- Allergy Double Check Delivery and Serving Form (used when directed by the Early Childhood Education Manager (ECEM) when there is a significant number of dietary requirements).

## Training

### Teachers, educators, and kitchen personnel will:

- Maintain current, approved anaphylaxis management training.
- Complete All About Allergens module (external course) upon commencement and every 2yrs thereafter. Provide evidence of completion to Centre Director/Nominated Supervisor for centre personal file.

## Food orders and deliveries

### Kitchen personnel will:

- Subscribe to and act upon Allergy and Anaphylaxis Australia Food Alerts.
- Refer to the current Centre Health Summary Record when ordering food.
- Carefully review ingredient lists and precautionary allergen statements such as "may contain" or "may contain traces of".
- Review ingredient labels every time a delivery received, including products previously used, as ingredients and manufacturing processes can change without notice.
- Clearly label food upon delivery with expiry dates and relevant allergen information.
- Store allergenic ingredients and food products in a manner that minimises the risk of cross-contamination.

## Preparing and plating meals

### Kitchen personnel will:

- Before preparing meals:
  - Check ingredient labels and Centre Health Summary Record
  - Select Dietary Requirements Cards for children in attendance
  - Wash hands
  - Clean and sanitise preparation surfaces, utensils, and equipment.
- Prepare and plate meals for children with anaphylaxis and allergies (and other dietary requirements) in a clean and segregated workspace to minimise the risk of cross-contamination.
- Prepare meals in the following order:
  1. Meals for children with **anaphylaxis**.
  2. Meals for children with **allergies**.
  3. Meals for children with undiagnosed **dietary requirements**.
  4. Meals for children with no dietary requirement
- Never permit teachers or educators to prepare or plate meals, snacks, or additional servings for children with anaphylaxis or allergies.
- Implement Colour Plate Protocol. Plate meals in this order:

**Kitchen personnel are the only persons permitted to prepare and plate meals, snacks and additional servings for children with anaphylaxis and allergies**

Dietary requirement	Plate colour	Cover and label
1. Children with anaphylaxis	red	Cover meal with cling wrap and attach the child's Dietary Requirement Card
2. Children with diagnosed allergies	green	Cover meal with cling wrap and attach the child's Dietary Requirement Card
3. Children with undiagnosed dietary requirements	yellow	Cover meal with cling wrap and attach the child's Dietary Requirement Card
4. Children with no specific dietary requirements	white	No cover or label required

- When meals are provided on a shared platter, prepare and plate meal on the correct coloured platter (in accordance with the *Colour Plate Protocol*) and label with individual *Dietary Requirements Cards*.
- When delivering meals to rooms, ensure teachers and educators are aware of which meals are for children with anaphylaxis and allergies. When there is a high number of individual dietary requirements, and when directed by ECEM, document this process using the *Allergy Double Check Delivery and Serving Form*.
- Carefully consider and plan for children's anaphylaxis and allergies prior to centre events when food is supplied.

## Mealtimes

### Teachers and educators will:

- Support children to wash their hands before and after mealtimes, and to stay seated when eating.
- Never prepare or plate meals, snacks, or additional servings for children with anaphylaxis or allergies.
- Regularly facilitate appropriate discussions with children about the serious nature of anaphylaxis and allergies, and the importance of hand washing and not sharing food with peers.
- Implement *Colour Plate Protocol*. Serve meals in this order:

Dietary requirement	Plate colour
1. Children with anaphylaxis	red
2. Children with diagnosed allergies	green
3. Children with undiagnosed dietary requirements	yellow
4. Children with no specific dietary requirements	white

- Before serving meals to children with anaphylaxis and allergies:
  - Refer to displayed *Centre Health Summary Record*.
  - Complete a two person check to confirm:
    - ✓ Correct child
    - ✓ Correct coloured plate/meal
    - ✓ Correct *Dietary Requirement Card*
- When a meal is provided on a shared platter, ensure children with anaphylaxis and allergies access food from the correct coloured platter (as per *Colour Plate Protocol*) and labelled with individual *Dietary Requirements Cards*.
- Establish a local level protocol to ensure children's water bottles are not exposed to known allergens. Where practical and possible, place water bottles belonging to children with anaphylaxis and allergies in a separate location to reduce the likelihood of other children drinking from them.
- Actively supervise children during mealtimes. When appropriate, sit near children with anaphylaxis and allergies.
- Never seat children with anaphylaxis and allergies away from their peers.
- Seat children with anaphylaxis and allergies with peers who are more likely to keep their food in lunch box/on their plate AND not share food.
- Immediately clean food spills where there is a risk of allergen exposure.
- Thoroughly clean tables, chairs, and high-touch surfaces immediately after mealtimes using detergent and water and disposable paper towel (preferred). If using a cloth towel, launder and sanitize after mealtime.
- Carefully consider and plan for children's food allergies prior to centre events when food is supplied.
- Implement bottle storage and preparation responsibilities outlined in the *Bottle Procedure* to ensure children with anaphylaxis and allergies are provided with the correct bottle.

## Curriculum decisions

### Teachers and educators will:

- Consider children's allergens when planning cooking experiences and selecting ingredients. Review food labels for precautionary statements such as "*may contain*" or "*may contain traces of*".
- Check donated materials, recycled containers, and curriculum resources for potential allergens before use.
- Prior to purchasing and use, review ingredient information for playdough, face paint, and other similar products, as some products may contain allergens, including peanuts, tree nuts, nit oil, milk, or egg. Consult with parents/guardians and implement suitable alternatives where required.
- Review ingredient information for sunscreen, as some products may contain nut oil.
- Consider potential allergen exposure from animal feed and animal-related experiences and when applicable, document and implement risk-minimisation strategies for children with diagnosed allergies.

## Insect Allergies

### Centre Director/Nominated Supervisor will:

- When identified, promptly arrange (via a [maintenance request](#) at branch centres) for harmful insects, nests, and hives to be professionally removed/sprayed outside hours of operation.
- Communicate regularly with garden maintenance contractor to ensure gardens and lawns are maintained. When required at branch centres, complete a [maintenance request](#).

### Teachers and educators will:

- Check the centre environment weekly (and document via the [Daily Safety Checklist](#)) for harmful insects, nests, and hives. Promptly notify centre Director/Responsible Person in Charge when identified.
- Never store open drink containers outside, as they may attract insects.
- When a child(ren) has an insect allergy, instruct and support them to wear closed in shoes when outdoors.
- When a child(ren) has a tick allergy and centre is in tick prone location, instruct and support child to wear long pants and long-sleeved tops, and tuck pants into socks when outdoors.

## Medication storage

### Teachers and educators will store:

- Adrenaline (EpiPen/Anapen):
  - in a location that is clearly signed and easily accessible to adults and known to teachers, educators, clearly signed, but inaccessible to children.
  - away from direct sunlight, at room temperature between 15-25°C.
  - in an insulated lunch box/wallet, if storing at room temperature is not possible.
  - not in a refrigerator.
- A copy of child's medical management plan with their medication.
- A copy of [ASCIA First Aid Plan for Anaphylaxis](#) with centre emergency EpiPen/Anapen.

## References and resources

- Allergy & Anaphylaxis Australia – [How to use Anapen and EpiPen](#)
- Australasian Society of Clinical Immunology and Allergy - [Anaphylaxis Frequently asked questions](#)
- National Allergy Council (2025) – [All about Allergens](#)
- National Allergy Council (2025) – [Children's education and care resource hub](#)
- National Allergy Council (2025) – [Managing food allergies in food service](#)
- Raising Children Network - [Anaphylaxis in children and teenagers](#) and [Food allergies in children and teenagers](#)
- The Royal Children's Hospital Melbourne - [Kids Health Information: Allergic and anaphylactic reactions](#)

## Appendix 1 – Definitions

### Medical Condition

A current condition diagnosed by a registered medical practitioner that requires a medical management plan.

### Anaphylaxis

A severe, life-threatening immune response (allergic reaction) that occurs after exposure to an allergen (e.g. food, insect, or medicine) requiring the immediate administration of adrenaline (EpiPen and Anapen). Anaphylaxis is diagnosed by a registered medical practitioner.

### Adrenaline

Medication that reverses the effects of severe allergic reaction (anaphylaxis). Adrenaline injectors contain a single, fixed dose of adrenaline (EpiPen and Anapen) used to treat a severe allergic reaction (anaphylaxis).

### Allergy

An immune response that occurs after exposure to an allergen. An allergy is diagnosed by a registered medical practitioner. For the purposes of this procedure, a food intolerance diagnosed by a registered medical practitioner is an allergy

### Allergic reaction

An immune response to something that is harmless to most people. An allergy can be mild, moderate or severe and is diagnosed by registered medical practitioner.

### Kitchen personnel

For the purposes of this procedure, kitchen personnel are Chiefs, Cooks, Kitchen Assistants and any teacher and educator temporarily working in the kitchen.

## Appendix 2 - First Aid/Emergency Response

### Mild to Moderate Allergic Reaction

Signs and symptoms	First Aid Actions
<ul style="list-style-type: none"> <li>○ Swelling of lips, face, and eyes</li> <li>○ Hives or welts</li> <li>○ Abdominal pain</li> <li>○ Vomiting</li> <li>○ Tingling mouth</li> </ul>	<ol style="list-style-type: none"> <li>1. Follow patient's medical management plan when available.</li> <li>2. Administer antihistamine as per patient's medical management plan.</li> <li>3. Closely monitor patient.</li> <li>4. If patient experiences and displays symptoms and signs of a severe allergic reaction (anaphylaxis) follow emergency first aid actions above.</li> </ol>

### Anaphylaxis (severe allergic reaction)

Signs and symptoms	First Aid Actions
<ul style="list-style-type: none"> <li>○ Difficulty or noisy breathing</li> <li>○ Swelling of tongue</li> <li>○ Swelling or tightness in throat</li> <li>○ Difficulty talking or hoarse voice</li> <li>○ Persistent dizziness or collapse</li> <li>○ Wheeze and persistent cough</li> <li>○ Pale and floppy</li> </ul>	<ol style="list-style-type: none"> <li>1. Lay patient flat. Do not allow them to stand or walk. <ul style="list-style-type: none"> <li>○ If patient is unconscious, place in recovery position.</li> <li>○ If breathing is difficult allow them to lay legs outstretched.</li> <li>○ Always treat anaphylaxis first before treating breathing difficulties.</li> </ul> </li> <li>2. Administer Adrenaline (EpiPen/Anapen) to outer mid-thigh as illustrated EpiPen/Anapen barrel.</li> <li>3. Telephone '000' and request an ambulance.</li> <li>4. Follow operator instructions until ambulance arrives. Refer to/follow patient's medical management plan.</li> <li>5. When instructed by the '000' operator, administer further doses of Adrenaline (EpiPen/Anapen).</li> <li>6. Do not allow patient to stand or walk even if the patient appears well.</li> <li>7. Commence CPR at any time if patient is unresponsive and not breathing normally.</li> </ol>

**IMPORTANT:** Always give adrenaline injector first and then asthma reliever puffer if someone with known asthma and allergy to food, insects, or medication (who may have been exposed to the allergen) has sudden breathing difficulty (including wheeze, persistent cough, or hoarse voice) even if there are no skin symptoms