

NQS2 Children's Health and Safety Procedure Anaphylaxis and Allergies (Kindergarten and OSHC)

Exposure to known allergens can have serious, sometimes life-threatening health consequences. Compliance with this procedure is essential.

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](#)

For the purposes of this procedure, a food intolerance diagnosed by a registered medical practitioner is an allergy.

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.
- 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 to read and implement (and sign acknowledgement table) *Risk Minimisation Plans*.
- Promptly communicate changes to children's dietary requirements with all centre staff.
- 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.
- (Optional) Create, update, and laminate a [Dietary Requirement Card](#) for each child with (food related) anaphylaxis or allergy.
- Promptly update displays and records when children's health needs change.

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Training

Teachers and educators will:

- Maintain current, approved anaphylaxis management training.
- (Optional) 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.

Mealtimes

Teachers and educators will:

- Support children to wash their hands before and after mealtimes, and to stay seated when eating.
- 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.
- Complete a two person check to confirm children with anaphylaxis and allergies are provided with the correct lunch box.
- 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 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.
- When applicable, 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 allergen and 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 used at centre, 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 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.

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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 have 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.

Appendix 2 - First Aid/Emergency Response

Mild to Moderate Allergic Reaction

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

Anaphylaxis (severe allergic reaction)

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

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

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