Neerim South Primary School **Outside School Hours Care Service**
Address: 180 Main Neerim Road, Neerim South VIC 3831
Phone: 03 5628 1254 | Mobile: 0408 812 072
Email: neerim.south.ps@education.vic.gov.au
Website: https://www.neerimsouthps.vic.edu.au/

OSHC POLICY: MEDICAL CONDITIONS - ALLERGIES AND ANAPHYLAXIS

HELP FOR THOSE WITH LIMITED ENGLISH LANGUAGE SKILLS



Neerim South Primary School Outside School Hours Care Service offers support to stakeholders who have limited English language skills, including access to interpreting and translation services, to communicate key information about service policies and procedures.

If you need assistance to understand the information in this policy, please contact the Neerim South Primary School OSHC Service Coordinator or the School Administration Office and ask for language assistance.

POLICY STATEMENT & PRINCIPLES

Neerim South Primary School Outside School Hours Care Service (NSPS OSHC Service) believes that the safety and wellbeing of children who are at risk of allergies and anaphylaxis is a community responsibility. The aim of this policy is to raise the community's awareness of allergies and anaphylaxis and its management through education, and to reduce the risk of allergic reactions, including anaphylaxis, and ensure staff respond appropriately. This policy supplements the service's policy on *Medical Conditions and Medication.*

NSPS OSHC Service is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children with allergies and who are at risk of anaphylaxis can participate equally in all aspects of the children's educational program and experiences.
- Actively involving the family of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each Educator and any other relevant adults have adequate knowledge of allergies, anaphylaxis, and emergency procedures.
- Raising awareness about allergies and anaphylaxis amongst the NSPS OSHC Service community and all children in attendance.

BACKGROUND & SCOPE

Under the National Regulations, the service ensures that policies and procedures are in place for medical conditions including allergies and Anaphylaxis (r.90 and r.168) and takes reasonable steps to ensure those policies and procedures are followed (r. 170). This policy applies when a child diagnosed with allergies and anaphylaxis by a qualified medical practitioner is enrolled at the Service. It applies to the child, their parents/guardians, educators, and the OSHC Management team. It also applies to other relevant members of the community, such as students, volunteers and visitors to the service.

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ABOUT ALLERGIES AND ANAPHYLAXIS

Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. People can be allergic to many things, such as pollen, mold, dust mites, animal dander or saliva, insect stings or bites, medication, chemicals, food, latex and exercise. There are different types of allergy presentations, such as:

Allergic conjunctivitis	An eye condition caused by an allergic reaction to irritants like pollen or dust, resulting in red, itchy, and watery eyes, often with swollen eyelids.
Allergic rhinitis	One of the most common allergic conditions that can range from being quite minor to something that can affect your quality of life. Symptoms include runny nose, itchy nose, sneezing, itchy and watery eyes, and/or blocked nose.
Anaphylaxis	The most severe form of allergic reaction. It affects either a person's airway and how they breathe, and/or the way blood is moved around the body (blood pressure). It is potentially life threatening and must always be treated as a medical emergency.
Asthma	A respiratory condition that can be life threatening. People with asthma have airways that are more sensitive to some things that may not affect other people without asthma. Triggers of asthma can be non-allergic or allergic. Refer to OSHC Asthma Policy for more information.
Eczema, also known as atopic dermatitis	A chronic, itchy skin condition that can range from being quite minor to something that can greatly affect someone's quality of life. Eczema occurs when the skin barrier does not work properly causing it to become dry, itchy, rough, and more prone to infections and inflammation (redness).
Non-IgE-mediated food allergy	Often referred to as gastrointestinal (gut) food allergy. For this reason, it is sometimes confused with food intolerance. Reactions happen because of an abnormal immune response to food proteins and are generally delayed (1 to 72 hours after eating or drinking the food, and can involve a gut reaction as well as swelling and inflammation of the small intestine, large intestine, and/or oesophagus.
Urticaria	commonly known as hives, are pink or red rashes that look like lumps (wheals) or blotches on the skin, and occur when mast cells (type of immune cell) in the skin release chemicals, such as histamine. These chemicals cause small blood vessels in the skin to leak fluid, resulting in lumps/wheals forming. The chemicals can also make the skin around the wheal red and feel itchy.

Source: Allergy & Anaphylaxis Australia https://allergyfacts.org.au/about-allergies/#types-of-allergy

DUTY OF CARE

NSPS OHSC Service has a duty of care to all children enrolled. This includes a legal obligation to ensure a safe environment free from foreseeable hazard and harm, where educators can address the individual health needs of each child, and always provide appropriate and adequate supervision.

The National Law requires the Neerim South Primary School Council to ensure that there is always at least one educator on duty and immediately available with a current approved first aid qualification as well as a current approved anaphylaxis qualification. As a demonstration of duty of care and best practice, all NSPS OSHC

educators hold current and approved first aid and anaphylaxis qualifications, including administration of emergency medication and life support procedures.

Duty of care obligations under the National Law requires educators to know enough about allergies and anaphylaxis and the administration of associated medications (including emergency medication) to ensure the safety and wellbeing of children. Service leadership and management ensure that all staff (including relief staff (including volunteers and students on practicum placement) have adequate knowledge of the service's allergies and anaphylaxis policy and procedures to be followed in a medical emergency, including an awareness of children's anaphylaxis management and/or action plans and risk management plans.

While it is not possible for NSPS OSHC service to provide a completely risk-free environment, a range of procedures and risk minimisation strategies are in place to reduce the possibility of a child experiencing a medical emergency in relation to anaphylaxis while attending the OSHC service.

Children diagnosed with allergies and anaphylaxis are not discriminated against in any way and are able to participate fully in all programs and activities at NSPS OSHC Service.

EDUCATORS TO BE TRAINED IN ANAPHYLAXIS MANAGEMENT AND EMERGENCY FIRST AID

All Educators at NSPS OSHC Service are encouraged to maintain current, approved first aid qualifications and undertake anaphylaxis management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010.

The National Regulations (r.136) outline the mandatory requirements for services in relation to emergency allergy and anaphylaxis management training. The Australian Children's Education and Care Quality Authority publishes a list of approved emergency anaphylaxis management training options. The qualifications on the list are either national or state accredited units of competency, or short courses that are approved under National Law. More information at:
https://www.acecqa.gov.au/qualifications-0/qualification-requirements/first-aid-qualifications-training

NSPS OSHC Service ensures that at least one Educator who has completed accredited Emergency Anaphylaxis training is on duty whenever children are being cared for or educated at NSPS OSHC Service.

Evidence of certification is held by the service in a staff record, and it is the responsibility of the individual Educator to ensure that they maintain currency as approved under National Law.

Any Educator who has completed emergency Anaphylaxis management training is made aware that they are responsible for the administration of first aid and emergency procedures (including implementation of an anaphylaxis action plan) in the event of an anaphylaxis-related medical emergency.

PROCEDURES

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH ALLERGIES (other than Anaphylaxis)

NSPS OSHC Service enrolment forms include a request for information about a child, including whether they have a known allergy, including information about allergens or triggers, and action plans.

For allergies such as allergic conjunctivitis, allergic rhinitis, eczema, food allergy (non-IgE mediated as well as any sensitivity) and urticaria, refer to service policies and procedures on medical conditions and medication, illness and infectious diseases, incident injury and trauma, and specific information on supporting children's health needs (including health support plans).

For Asthma, refer to service policies and procedures specifically for Asthma, as required under National Law.

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH ANAPHYLAXIS

NSPS OSHC Service enrolment forms include a request for information about a child, including whether they are at risk of anaphylaxis. The OSHC Coordinator will complete a service specific *Anaphylaxis Enrolment Checklist* to ensure that the enrolment of children diagnosed with allergies and at risk of anaphylaxis is comprehensive, and includes sharing of information about the child's triggers or allergens, an Anaphylaxis Action Plan, and implementation of this policy.

When a child at risk of anaphylaxis enrols in OSHC, or when an already enrolled child is first diagnosed as being at risk of anaphylaxis, the enrolling parent/guardian is required to:

- Inform the OSHC Coordinator, either upon enrolment or upon diagnosis, of their child's risk of anaphylaxis including triggers and medications.
- Assist Educators by offering information and answering any questions regarding their child's risk of anaphylaxis and share information about their general health and wellbeing.
- Provide the OSHC Service with an Anaphylaxis Action Plan signed by the child's registered medical practitioner and written consent to use the child's allergy and anaphylaxis medication in line with this action plan, in accordance with the NSPS OSHC Service policy on Dealing with Medical Conditions & Medication.
- Provide the OSHC Service with all prescribed allergy and anaphylaxis medications.
- Contribute to the services risk minimisation planning process in collaboration with the OSHC Coordinator.

ANAPHYLAXIS MANAGEMENT AND ACTION PLANS

All children with a diagnosis of being at risk of anaphylaxis or who are undergoing medical assessment for symptoms of being at risk of anaphylaxis must have an Anaphylaxis Action Plan completed by their treating doctor before enrolment at NSPS OSHC Service, or after an episode of anaphylaxis for children already enrolled.

The Anaphylaxis Action Plan provides educators with a detailed emergency treatment action plan and can assist with the identification of triggers of an anaphylactic response. It also enables educators to administer a child's medication in response (including an adrenaline auto-injector in case of emergency) without the need for immediate parent/guardian permission. This means the families are not required to fill in the medication booklet on a daily basis; a signature will only be required in the event that emergency medication was administered during the day.

Anaphylaxis Action Plans for individual children will be stored in the *Anaphylaxis Management Plans for Children* folder in the OSHC Administration office, and a copy will be kept in each of the children's emergency medication kits. Educators will hold further copies of the Anaphylaxis Action Plan with Emergency Contact details, the outdoor first aid kit, and the emergency management bag.

The Anaphylaxis Action Plan should include information such as:

- name, date of birth, and a recent photo

- specific details of signs and symptoms specific to the child's anaphylaxis including a list of known triggers or allergens
- medications taken on a regular basis when the child is 'well' including dosage
- response for an anaphylaxis emergency including medication to be administered
- the name, address and telephone number of a person who is to be notified of an incident
- the name, address, telephone number and signature of the child's registered medical practitioner
- A date the plan should be reviewed

A sample Anaphylaxis Action Plan can be found on the Allergy & Anaphylaxis Australia website at: https://allergyfacts.org.au/resources/free-resources/#ascia-action-plans

EMERGENCY MEDICATION

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law Act 2010 (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

For children diagnosed as being at risk of anaphylaxis who have been prescribed anaphylaxis medication, an Emergency Medication Management Plan (EMMP), must also be in place. This plan is written by the prescribing doctor, and outlines exactly how and when to administer the medication, and specific details. The parent or guardian is responsible for supplying this document to the OSHC Service.

Children diagnosed as being at risk of anaphylaxis who have been prescribed anaphylaxis medication must have their own anaphylaxis medication available to them whenever they are attending OSHC.

The child's Anaphylaxis Action Plan including emergency first aid procedures will be stored with the child's medication, in accordance with the service policies on medical conditions and medication.

Educators responsible for children with anaphylaxis ensure that all regular prescribed anaphylaxis medication is administered in accordance with the information on the child's written Anaphylaxis Action Plan, and only those Educators trained in Anaphylaxis and Emergency Life Support will be responsible for the administration of anaphylaxis medication.

Whilst at the Service, if a child is at risk of anaphylaxis and is requiring allergy medication (such as antihistamine) their families or authorised emergency contacts will be contacted to collect the child. An allergy episode such as this requires very close monitoring, which is best done in a one-to-one situation.

Families are encouraged to regularly check their child's anaphylaxis medication to ensure that it is not empty, cloudy, and the expiry date has not passed.

RISK MINIMISATION

NSPS OSHC Service maintains a *Risk Minimisation Plan* to help protect the children who are at risk of anaphylaxis from unnecessary exposure to their triggers or allergens.

The OSHC Coordinator (or nominated supervisor/responsible person present) will conduct an assessment of the potential for exposure to triggers while children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan in consultation with Educators and the families of children who are at risk of anaphylaxis.

The risk minimisation plan acts to identify and, where practical, minimise anaphylaxis triggers, and where necessary, modify activities in accordance with a child's needs and abilities to ensure that they can safely participate in all elements of the educational program.

Educators aim to plan and implement learning experiences and activities that complement the services anaphylaxis risk minimisation plan, and ensure that children at risk of anaphylaxis can participate in activities while being treated the same as other children attending the program.

Increased supervision requirements of children diagnosed as being at risk of anaphylaxis will be considered during routine outings, excursions, in-house activities, when visitors are attending, or special events where the environment can unintentionally become unpredictable.

COMMUNICATION PLAN

At enrolment, or upon diagnosis, the nominated supervisor must develop a Communication Plan in consultation with families to encourage and ensure ongoing communication between families and staff about the management of the child's medical condition (see Attachment 2).

NSPS OHSC Service will negotiate with the child and family information to be displayed about their child's anaphylaxis, and will obtain consent from the family to display their child's personal information.

INFORMATION TO DISPLAY

NSPS OHSC Service is legally required to display a notice in the main entrance to the Orana Centre that informs the community that a child who is at risk of anaphylaxis is attending the service.

The service displays an Anaphylaxis First Aid Poster (ASCIA) in various locations, including near the kitchen, inside the main entrance, administration office, and staff break areas.

The service displays an Ambulance Contact Card by all OSHC Service telephones.

Anaphylaxis Action Plans for individual children will be displayed in the Orana centre where they are visible to all staff (including tertiary students, volunteers and visitors) as well as children and families. Consent will be obtained from the enrolling parent/guardian prior to the display of the plan which will include a photo of the child.

Each child's own emergency medication kit (including adrenaline auto-injector) is stored in a clearly labelled area that is easily identifiable to staff (including students, volunteers and visitors).

TThis policy, and service policies on medical conditions, medication, and emergency procedures will be accessible at all times the service is in operation, and by request.

PROCEDURES FOR MANAGING ANAPHYLAXIS WHILE ATTENDING OSHC

EDUCATORS TRAINED IN ANAPHYLAXIS

Each session of OSHC operates with Educators who:

- Hold current first aid certification including emergency life support and cardiopulmonary resuscitation as approved by the Australian Children's Education and Care Quality Authority.

- Hold current Anaphylaxis certification as approved by the Australian Children's Education and Care Quality Authority, in compliance with the National Law.
- Hold current Asthma certification as approved by the Australian Children's Education and Care Quality Authority, in compliance with the National Law.
- Know what to do in a medical emergency to ensure the health and safety of children who are diagnosed as being at risk of anaphylaxis, or who any child who is experiencing anaphylaxis for the first time
- Have been briefed on emergency first aid and anaphylaxis emergency procedures and responsibilities upon their employment or engagement at the Service.
- Are aware of the children in their care who are at risk of anaphylaxis and are familiar with their Anaphylaxis Action plan including awareness of known allergens and triggers, as well as routine or emergency medication.
- Ensure that all relieving/causal/temporary Educators as well as tertiary students on practicum placement and visitors are aware of symptoms of an anaphylactic reaction and of any children attending who are at risk of anaphylaxis including the child's allergens and triggers as well as the location of their Anaphylaxis Action Plan and their emergency medication.
- Have been provided with a copy of this Anaphylaxis Policy and the OSHC policy on Medication Conditions and Medication.

RESPONSIBILITIES OF EDUCATORS WHO ARE TRAINED IN ANAPHYLAXIS

Administering an adrenaline auto-injection device to a child is considered a high-risk practice, and legislative requirements contained within the Education and Care Services National Law Act (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including Educators, students and volunteers.

Any Educator who has completed emergency anaphylaxis management training is made aware that they are responsible for the administration of first aid and implementation of emergency procedures (including implementation of an anaphylaxis action plan) in the event of a medical emergency. Their responsibilities include:

- Ensuring a copy of the child's Anaphylaxis Action Plan is visible to all Educators, including tertiary students and volunteers.
- Following the child's Anaphylaxis Action Plan in the event of exposure to allergens or triggers and experiencing symptoms, which may progress to anaphylaxis.
- Ensuring that each child's own anaphylaxis medication kit (including auto-adrenaline injector) is stored in a clearly labelled area that is easily identifiable to all Educators, including relief staff; easily accessible to adults (not locked away); inaccessible to children, and away from direct sources of heat.
- Ensuring that the anaphylaxis medication kit for each child diagnosed as being at risk of anaphylaxis a is carried by a trained Educator on routine outings and excursions that this child attends.
- Regularly checking the expiry date on all medications at the Service
- Complying with the practices outlined in the procedures and any risk minimisation plans to protect children with anaphylaxis from exposure to their allergens or triggers.
- Maintaining current first aid training, including CPR, asthma and anaphylaxis, in compliance with the National Law.

- Encouraging open communication between families and educators about the status and impact of a child's allergies and risk of anaphylaxis
- Communicating any concerns to families should it be considered that their child's allergies and/or risk of anaphylaxis is limiting their ability to participate fully in all activities.

FIRST AID KITS AND ANAPHYLAXIS

NSPS OSHC Service is required to have a suitably equipped Asthma First Aid Kit under the Education and Care Services National Law. As there are children at risk of anaphylaxis attending NSPS OSHC Service on a regular basis, it is appropriate to be prepared for an anaphylaxis emergency.

The OSHC Service maintains the anaphylaxis component of the first aid kit, which includes an autoadrenalin injector for general use, and ensures that Emergency Anaphylaxis First Aid posters are displayed in all rooms where children are provided education and care in OSHC.

Adrenaline autoinjectors for general use

Clause 10 of Ministerial Order 706 provides that a school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use. In the absence of laws applying to outside school hours care services in this practice, NSPS OSHC Service operates with consistent practice to Neerim South Primary School and provides adrenaline autoinjectors for general use..

The OSHC Coordinator who is trained in anaphylaxis (or allocated staff member trained in anaphylaxis) is responsible for arranging the purchase of additional adrenaline autoinjector(s) for general use, as a backup to adrenaline devices supplied by parents/carers of children who have been diagnosed as being at risk of anaphylaxis. The additional adrenaline autoinjector(s) for general use can also be used on other children previously undiagnosed for anaphylaxis, where they have a first-time reaction.

Adrenaline autoinjectors for general use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by the OSHC Service at its own expense, in the same way that supplies for the OSHC Service first aid kits are purchased.

The OSHC Coordinator will need to determine the type of adrenaline autoinjector to purchase for general use. In doing so, it is important to note that there are currently 3 adrenaline autoinjector devices available in Australia, these are the EpiPen, Anapen and Jext.

The different doses of each device include:

- EpiPen (300 microgram) is prescribed for adults and children over 20 kg (aged around 5 years or over)
- EpiPen Jr (150 microgram) is prescribed for children 7.5 to 20 kg (aged around 1 to 5 years)
- Anapen 500 (500 microgram) is prescribed for adults and children over 50 kg (aged around 12 or over)
- Jext Jr (150 microgram) is prescribed for children weighing between 15 to 30 kg
- Jext (300 microgram) is prescribed for adults and children over 30 kg

Schools and OSHC Services cannot purchase the Neffy adrenaline device as a general use adrenaline device. However, Neffy can be used for students where their families have provided the device to the school with an ASCIA Action Plan (RED).

Number of back up adrenaline autoinjectors to purchase

The OSHC Coordinator will determine the number and type of additional adrenaline autoinjector(s) required to be purchased by the OSHC Service. In doing so, the OSHC Coordinator should take into account the following relevant considerations:

- The number of children enrolled at the service who have been diagnosed as being at risk of anaphylaxis
- The weight of the children at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase
- The accessibility of adrenaline devices that have been provided by families of children who have been diagnosed as being at risk of anaphylaxis
- The availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the service including in the Orana centre, the outdoor environment, and at excursions.
- The adrenaline autoinjectors for general use have a limited life, and will usually expire within 12 to 18 months, and will need to be replaced at the OSHC Service's expense either at the time of use or expiry, whichever is first
- The expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

Even when NSPS OSHC Service does not have students enrolled with a diagnosed risk of anaphylaxis, the Coordinator may purchase adrenaline autoinjector/s for general use as some children may experience their first anaphylactic reaction while attending outside school hours care.

When to use adrenaline autoinjectors for general use

It is recommended that adrenaline autoinjectors for general use be used when:

- a child's prescribed adrenaline device does not work, is misplaced, out of date or has already been used
- a child is having a suspected first-time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis
- when instructed by a medical officer after calling 000.

The OSHC Service can use either EpiPen, Anapen or Jext on any child suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Anaphylaxis Action Plan (RED).

For first time anaphylactic reactions, the OSHC general adrenaline autoinjector device must be used.

Refer to ASCIA adrenaline (epinephrine) autoinjectors for general use and frequently asked questions for more information. https://www.allergy.org.au/hp/anaphylaxis/adrenaline-devices-for-general-use

Storage of adrenaline autoinjectors for general use

The ASCIA recommends adrenaline autoinjector devices be stored in a cool dark place at room temperature, which they define as 15 and 25 degrees Celsius. If these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet. Refer to the ASCIA website for further information.

The OSHC Coordinator is responsible for undertaking a risk assessment to determine the storage location of all child-specific adrenaline devices provided by families. and the OSHC adrenaline autoinjectors for general use at the service. The OSHC Coordinator is responsible for informing all OSHC staff of the location for use in an emergency.

It is recommended that:

- adrenaline devices are stored close to children at risk of anaphylaxis. This may include in the Orana centre, emergency first aid bags that educators carry outdoors, and first aid kits
- adrenaline devices be stored in an unlocked, easily accessible place away from direct light and heat, but not in a refrigerator or freezer
- each adrenaline device be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan for Anaphylaxis (RED)
- adrenaline autoinjectors for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with an ASCIA First Aid Plan for Anaphylaxis (Orange)
- adrenaline trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as real adrenaline devices due to the risk of confusion.

IN THE EVENT OF AN EMERGENCY - ANAPHYLAXIS

In the event of a medical emergency including anaphylaxis, the emergency response procedures specified in this policy must be followed, together with the child's Anaphylaxis Action Plan. Policies on the administration of first aid, medical conditions and medications, and emergency response procedures also apply.

In the event that a child who <u>has been diagnosed</u> at risk of anaphylaxis appears to be having an allergic reaction, a trained educator will:	**In the event that a child who has <u>not</u> been diagnosed at risk of anaphylaxis appears to be having an allergic reaction, a trained educator will:**
Commence administration of first aid, including emergency response procedures, and implement the child's individual anaphylaxis action plan which may include administration of medication such as an antihistamine. Monitor for symptoms, including signs of anaphylaxis. <u>If an ambulance is required</u> _ **Call an ambulance immediately by dialling 000 if** o **emergency medicine not available** o **emergency medication not working/empty/missing** o **signs of anaphylaxis**	Commence administration of first aid, including emergency response procedures, and implement any other medical management plans, actions plans or health support plans that relate to the child. Monitor for symptoms, including signs of anaphylaxis. <u>If an ambulance is required</u> – **Call an ambulance immediately by dialling 000.** _ Follow any instructions provided over the phone by emergency services, which may include the recommendation to administer an adrenaline auto-injector. _ Contact the child's enrolling parent or guardian (without disconnecting the call with emergency

– Follow any instructions provided over the phone by emergency services, which may include the recommendation to administer an adrenaline auto-injector. – Contact the child's enrolling parent or guardian (without disconnecting the call with emergency services). If the parent/guardian cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record. <u>If an ambulance is not required, or does not attend</u> – Contact the child's enrolling parent or guardian. If the family cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record. – Arrange for collection of the child from the service, and encourage family to seek medical assistance. Continue supervision of the child until they are collected from the service.	services). If the parent/guardian cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record. <u>If an ambulance is not required or does not attend</u> – Contact the child's enrolling parent or guardian. If the family cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record. – Arrange for collection of the child from the service, and encourage family to seek medical assistance. Continue supervision of the child until they are collected from the service.

REPORTING REQUIREMENTS

Any incident involving serious illness of a child while the child is being educated and cared for at the OSHC service for which the child attended, or ought reasonably to have attended a hospital e.g., anaphylaxis, is considered a serious incident within the context of the National Law (r.12).

Staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident

Families (authorised persons) will be required to sign the Incident, Injury, Trauma and Illness Record, and a copy of this will be stored in the child's file.

The OSHC Coordinator (or nominated supervisor) will inform the School Principal (as a representative of the school council as the approved provider) about the incident, and together they will inform the regulatory authority of the incident within 24 hours of it occurring through the NQA IT System (as per regulations).

AFTER A SERIOUS INCIDENT

The child's individual Anaphylaxis Action Plan and Risk Minimisation Plan will be evaluated by the OSHC Coordinator in collaboration with all staff, and the child's family. This will include discussion of the effectiveness of the procedure used.

Staff will discuss the child's exposure to the allergen or trigger (if known) with the family, and consider strategies that need to be implemented and maintained to prevent further exposure.

The OSHC Coordinator and School Principal (as a representative of the school council as the approved provider) will undertake review and development of the service's Anaphylaxis policy and procedures as required.

RESPONSIBILITIES

Responsibilities of the School Council (as the Approved Provider) and the OSHC Management Sub-Committee:

- Review and develop this policy at least annually, and when the need arises.
- Authorise any changes to this policy.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Notify families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected or; significantly impact the service's education and care of children or; significantly impact the family's ability to utilise the service.

Responsibilities of the OSHC Coordinator (or in the absence of the OSHC Coordinator, the Nominated supervisor/ Responsible person present):

- Liaise with the approved provider about anaphylaxis management, communication and risk minimization, including notification of serious incidents and currency of staff training.
- Ensure at least one educator who has completed Emergency anaphylaxis Management training is working with children each session of OSHC, and evidence of currency is maintained in the staff record.
- Discuss with educators their knowledge of issues following educators' participation in emergency anaphylaxis management training
- Ensure that a staff member accompanying children outside the Service carries a copy of each child's individual anaphylaxis medical management action plan and required medication
- Ensure an Administration of Medication Record is kept for each child to whom medication is to be administered by the Service; and ensure that any authorisations for self-administration must be documented in the child's Anaphylaxis Action Plan and approved by the OSHC Service, parents/guardian and the child's medical management team.
- Ensure families of children who are at risk of anaphylaxis have been provided with a copy of this policy, and the service policy on medical conditions and medication.
- Discuss this policy and its implementation with parents/guardians of children with anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Develop and document a risk minimisation plan in collaboration with parents/guardian, and ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually

- Routinely review the first aid kit to ensure that it is complete and that anaphylaxis medication provided by families has not expired.
- Conduct 'anaphylaxis response scenarios' and supervise practise sessions in medication (including adrenaline auto-injector) administration procedures to determine the levels of educators competence and confidence in locating and using emergency first aid anaphylaxis kits.
- Selectively audit enrolment checklists to ensure that documentation is current and complete.
- Obtain from families an AnaphylaxisAction Plan and emergency medication prior to permitting attendance.
- Request parental authorisation to display a child's Anaphylaxis Action Plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the Orana Centre, the staff room, kitchen, and / or near the medication cabinet)
- Review the adequacy of the response of the Service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Keep a copy of the child's Anaphylaxis Action Plan and risk minimisation plan in the enrolment record
- Ensure families provide emergency medication (including adrenaline auto-injector) whilst their child attends the OSHC Service, Children are not permitted to attend without their emergency medication.
- Collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's anaphylaxis whilst at the Service
- Ensure families update their child's anaphylaxis Action Plan regularly or whenever a change to the child's management of anaphylaxis occurs.
- Contribute to the review and development of this policy at least annually, and when the need arises.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers actively implement this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Communicate openly with families and stakeholders about this policy and its implementation.
- Assess the needs of staff and families and, where required, provide policies and procedures in multiple languages or an appropriate alternative such as online translation software and/or in audio versions.
- Consider the needs of any temporary or casual staff and how they will access the policies and procedures.

Responsibilities of Educators:

- Be familiar with this Allergy and Anaphylaxis Policy, as well as the service policy for dealing with Medical Conditions Policy and Administration of Medication Policy.
- Support families to approach service management with questions or concerns about the implementation of this policy.
- Maintain certification for approved first aid (including asthma and anaphylaxis) training as required.

- Know which child/ren are diagnosed as being at risk of anaphylaxis and the location of their Anaphylaxis Action Plan and risk management plans and any prescribed medications.
- Be able to identify and, where possible, minimise allergens and triggers as outlined in the child's Anaphylaxis Action Plan and risk minimisation plan.
- Ensure the first aid kit, children's personal anaphylaxis medication and anaphylaxis Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- Administer prescribed allergy and anaphylaxis medication in accordance with the child's Anaphylaxis Action Plan and the Service's Administration of Medication Policy
- Ensure any medical emergencies including anaphylaxis are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable.
- Consult with the parents/guardians of children at risk of anaphylaxis in relation to the health and safety of their child, and the supervised management of the child's risk of anaphylaxis.
- Communicate any concerns to parents/guardians if a child's risk of anaphylaxis is limiting their ability to participate fully in all activities.
- Ensure that children who are at risk of anaphylaxis can participate in all activities safely and to their full potential, ensuring an inclusive program.

Responsibilities of Families:

- Be familiar with this Allergy and Anaphylaxis Policy, Medical Conditions Policy and Administration of Medication Policy.
- Ask questions about implementation, and raise concerns with leadership or service management.
- Inform staff, either on enrolment or on initial diagnosis, that their child is at risk of anaphylaxis.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the OSHC Service or upon diagnosis for children already enrolled.
- Provide a copy of their child's Anaphylaxis Action Plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner; and provide an updated plan at least annually or whenever medication or management of their child's health (including risk of anaphylaxis) changes.
- Provide appropriate anaphylaxis medication and equipment for their child.
- Contribute to the development of a risk minimisation plan in collaboration with the OSHC Coordinator, and review the risk minimisation plan annually with the OSHC Coordinator (recommended best practice) and more often if required.
- Contribute to the development of a communication plan in collaboration with the nominated supervisor and lead educators
- Notify the OSHC Service in writing via email or through the Notification of Changed Medical Status form of any changes to their child's medical condition status and provide a new Anaphylaxis Action Plan in accordance with these changes
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's risk of anaphylaxis.
- Encourage their child to learn about their risk of anaphylaxis, and to communicate with Service staff if they are feeling unwell or experiencing allergy or anaphylaxis symptoms.

INDUCTION AND ONGOING TRAINING

It is the responsibility of the individual educator to ensure currency in Emergency Anaphylaxis Management certification as prescribed under National Law, and to provide evidence of this certification to service management for recording compliance.

The NSPS School Council the Approved Provider acknowledges the important role played by our service leaders, educators and staff. They are provided with the necessary support to implement Outside School Hours Care service policies and procedures.

To ensure that all NSPS OSHC service stakeholders are given adequate induction and ongoing support to develop a thorough understanding of these procedures, this policy will be provided in accordance with induction processes for the OSHC Service staff team

During indication, educators who will be responsible for the administration of first aid and emergency procedures (including implementation of an Anaphylaxis Action Plan and administration of emergency medication) in the event of an Anaphylaxis-related medical emergency will be supported by the OSHC Coordinator to explore their responsibilities and access any informal learning opportunities that may add value to the knowledge and skills learned in certified training, and enhance the educators confidence in Anaphylaxis management.

NSPS OSHC Service supports educators responsible for the administration of emergency anaphylaxis first aid through ongoing guidance, regular refreshers, and access to clear procedures. Educators are encouraged to seek support, participate in brief practice and discussions during team meetings, and debrief following anaphylaxis first aid incidents. This approach promotes confidence, consistency, and safe responses in line with training, service policies, and individual medical management plans.

KEY TERMS

TERM	MEANING
Adrenaline auto-injector	A device containing a single dose of adrenaline, delivered via a spring activated needle, which is concealed until administered.
Adrenaline auto-injector kit	An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injector, a copy of the child's Anaphylaxis Action Plan, telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed, an antihistamine may be included in the kit. A permanent marker, to write on the child's auto-injector what time it was administered, will also be included.
Allergen, allergy and allergic reaction	An allergy is an immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens. An allergic reaction is an autoimmune reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
Ambulance contact card	A card that NSPS OSHC Service has completed, containing all the information that the Ambulance Service will request when phoned on 000. For example, the 'How to call' card published by Ambulance Victoria. The Service will display an ambulance contact card by any telephone from which a 000 phone call could be made.

	https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf
Anaphylaxis, and diagnosed at risk of anaphylaxis	Anaphylaxis is a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems. Diagnosed at risk of anaphylaxis means that a child's allergies have been diagnosed by a registered medical practitioner, who has deemed the child to be at risk of anaphylaxis.
Anaphylaxis Action Plan or Medical Management Plan	A medical management plan prepared and signed by a registered medical practitioner, providing the child's name and allergies, a photograph of the child, and clear instructions on treating an anaphylactic episode, for example, the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
Anaphylaxis management training	Comprehensive training that is provided by allergy qualified professionals and includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an adrenaline auto-injector trainer. Training is reinforced at yearly intervals.
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website www.tga.gov.au
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Medication record	The approved provider must keep a medication record for each child to whom medication is administered by the service. This record must include: ● the child's name ● signed authorisation to administer medication ● a record of the medication administered, including time, date, dosage, manner of administration, name and signature of the person administering the medication and of the person checking the medication, if required. A medication record template is available on the ACECQA website: www.acecqa.gov.au/media/22731
Risk minimisation plan	Risk minimisation is the practice of reducing risks to a child at risk of anaphylaxis by removing all major sources of the allergen, as far as is practicable, from NSPS OSHC Service and developing strategies to help reduce risk of an anaphylactic reaction. A risk minimisation plan is a plan specific to NSPS OSHC Service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of NSPS OSHC Service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan is developed by the NSPS OSHC staff team in collaboration with families of children who are at risk of anaphylaxis. The plan is reviewed at least annually, and always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. Risk minimisation planning considerations are outlined in this policy.
Serious incident	An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted

	for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.
Trained Educator	For the purposes of this policy, this refers to those Educators who have received relevant, professionally run training in the treatment or technique required to administer medication, including administration of the adrenaline auto-injector. In addition, trained Educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).

LINKS TO OTHER NSPS OSHC SERVICE POLICIES

In compliance with r.171, copies of the current policies and procedures required under r.90 and r.168 (including this policy) are available for inspection at the OSHC Service at all times that the service is operating, or otherwise on request.

Associated NSPS OSHC Service health and medical policies and procedures include:

- Administration of first aid policy and procedure
- Blood-borne viruses
- Infection control and immunisation policy
- Illness and infectious diseases
- Incident, injury, trauma and illness policy
- Medical conditions and the administration of medication

Other relevant policies and procedures:

- Acceptance and Refusal of Authorisations
- Enrolment and orientation
- The Educational Program
- Health, nutrition and food safety policy and procedure
- Evacuations and emergency management policy
- Excursions and routine outings
- Privacy and confidentiality of records policy

SOURCES

Allergy and anaphylaxis australia https://allergyfacts.org.au/about-us/
Australian Society of Clinical immunology and allergy https://www.allergy.org.au/about-ascia
Australian Children's Education and Care Quality Authority (2022) ***Six reasonable steps to ensure staff follow policies and procedures*** https://www.acecqa.gov.au/sites/default/files/2022-11/13-Six-steps-staff-policies-procedures%20v3.pdf
Australian Government Department of Education (2024) ***Child Care Provider Handbook*** https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook
Commission for Children and Young People (July 2022); ***Child Safe Standards.*** https://ccyp.vic.gov.au/child-safe-standards/
Victorian Government Department of Education (Retrieved March 2026), School Operations, Policy; ***Allergies.*** https://www2.education.vic.gov.au/pal/allergies/policy
Victorian Government Department of Education (Retrieved March 2026), School Operations, Policy; ***Anaphylaxis*** https://www2.education.vic.gov.au/pal/anaphylaxis/policy

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law https://www.acecqa.gov.au/nqf/national-law-regulations/national-law
The National Quality Framework operates under an applied law system, comprising the Education and Care Services National Law and the Education and Care Services National Regulations. The purpose of the applied law system is to set a national standard for children's education and care across Australia. The following regulations inform the implementation of this policy.

Regulation	Description
Regulation 4	Definitions
Regulation 8	National Quality Standard
Regulation 12	Meaning of serious incident
Regulation 13	Meaning of working directly with children
Regulation 73	Educational program
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 136	First aid qualifications
Regulation 137	Approval of qualifications
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 174A	Prescribed information to accompany notice
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents
Regulation 185	Law and regulations to be available

National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard
The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important to outcomes for children. NSPS OSHC Service is assessed and rated by the Victorian Government Department of Education against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results. The following quality areas, standards and elements support the implementation of this policy.

Standard/Element	Item
Element 1.1.3	Program learning opportunities
Element 1.3.3	Information for families
Quality Area 2	Children's Health and Safety
Standard 4.1	Staffing arrangements
Element 4.1.1	Organisation of Educators
Element 5.1.2	Dignity and rights of the child

Standard 6.1	Supportive relationships with families
Element 6.1.1	Engagement with the service
Element 6.2.2	Access and participation
Element 7.1.2	Management systems
Element 7.1.3	Roles and responsibilities
Standard 7.2	Leadership
Element 7.2.3	Development of professionals

Framework for School Age Care in Australia https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
Under the National Law, services must deliver an educational program to all children being educated and cared for that is based on an approved learning framework, delivered in accordance with that approved learning framework, based on the developmental needs, interests and experiences of each child , and designed to take into account the individual differences of each child. The following principles, practices and learning outcomes support the implementation of this policy.

Principle/Outcome	**Description**
Principles	Partnerships
	Equity, inclusion, and high expectations
Practices	Holistic, integrated and interconnected approaches
	Collaboration with children and young people
	Play leisure and intentionality
	Assessment and evaluation for wellbeing, learning and development
Learning outcomes	Children and young people have a strong sense of identity
	Children and young people and connected with and contribute to their world
	Children and young people have a strong sense of wellbeing

POLICY EVALUATION, REVIEW AND DEVELOPMENT

This policy will be reviewed and developed accordingly as part of the NSPS OSHC Service annual review process, or more often if necessary due to changes in regulations, circumstances, or operational matters.

In response to the event of a serious incident involving a medical emergency (including anaphylaxis)), this policy and procedures will be reviewed and developed to ensure the effectiveness of its implementation.

NSPS OSHC Service ensures that all relevant stakeholders are notified at least 14 days before making any change to this policy, unless that notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the service. In this instance, stakeholders will be notified as soon as practicable after making a change in accordance with requirements under the National Law.

Date	Description	Author
01/01/2026	New policy draft finalised, informed by recommendations by and resources from the Australian Society of Clinical Immunology and Allergy, and Allergy & Anaphylaxis Australia.	OSHC Sub-Committee
02/03/2026	Updated to include provisions for the service to hold an autoadrenalin injector for general use, and reference to new Neffy nasal spray.	School Principal, OSHC Coordinator, and OSHC Sub-Committee
18/05/2026	Approved	School Council