

2.06. ASTHMA, ANAPHYLAXIS AND ALLERGIC REACTIONS

QUALITY AREA 2 | VERSION 7.0

Regulatory Policy & Procedure



Statement of Commitment

Wyndham City Council is committed to safeguarding children younger than 18 and ensuring their active participation as valued members of our community, while fostering a child-safe environment. We focus on early identification of risks to protect children from harm, whether caused by adults, harmful behaviours between children, exposure to family violence, or concerns like grooming, cumulative harm, or neglect.

We encourage the reporting of any concerns or suspicions of child abuse or harm. The Reportable Conduct Scheme improves how organisations respond to allegations of abuse, harm, neglect, and risk to children. Under this scheme, the CEO, or their delegate, must report any allegations of child-related misconduct to the Commission for Children and Young People within a specific timeframe.

All allegations are taken seriously, and reporting does not require agreement on the conduct. Concerns can be reported to a line manager or directly to the Senior Child Safe Advisor. Investigations will be conducted by an external party under the oversight of relevant authorities, including Victoria Police, the Department of Families, Fairness and Housing, and Child Protection.

Futhermore, Wyndham City Council has also publicly declared its commitment to being a Child Safe Organisation on our external website and recognises the importance of Child Safety in the provision of quality community services. All children and young people who attend services, programs, events, and community spaces have a right to feel safe, be safe, and be heard. We are committed to maintain a child safe environment, and value a culture of safety within council and its operations.

There are also behavioural expectations to recognise the importance of an inclusive and welcoming environment to all children & young people of the wider community including Aboriginal and Torres Strait Islanders, culturally and/or linguistically diverse, those with a disability and promoting an environment with no tolerance for racism.



Purpose

This policy provides a clear set of guidelines and processes for Wyndham City's Early Education and Care Services (EECS) to:

- minimise the risk of an asthma event or allergic reaction, including anaphylaxis, occurring while children are in the care of EECS.
- ensure that service staff are aware of their responsibilities and respond appropriately to asthma, anaphylaxis, and allergic reactions.
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
- work with parents/guardians of children to understand the risks, and identify and implement appropriate risk minimisation strategies, and develop a communication plan to support the child and help keep them safe.



Policy Statement

EECS is committed to:

- providing a safe and healthy environment for all children enrolled at the service.
- providing an environment in which all children with asthma, anaphylaxis, and/or allergies can participate to their full potential.
- providing a clear set of guidelines and procedures to be followed regarding the management of asthma, anaphylaxis, and/or allergies.
- educating and raising awareness about asthma, anaphylaxis, and/or allergies among staff, families and any other person(s) working with children enrolled at the service.



Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Early Education and Care Services, including during offsite excursions and activities.

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Responsibilities	Approved Provider and EECS Unit	Nominated Supervisors/ Team Leaders	Early Childhood Teacher, Educators, and other staff	Family, parents/guardians	Contractors, volunteers, and students
Ensure an asthma, anaphylaxis, and allergies policy is developed and displayed at the service.	✓	✓			
Ensure the policy meets all legislative requirements.	✓	✓			
Ensure that an asthma, anaphylaxis, and allergies policy is reviewed annually.	✓	✓			
Providing approved asthma and anaphylaxis management training to staff as required under the National Regulations.	✓	✓			
Ensure at least one staff member with current approved anaphylaxis and asthma management training is in attendance and always immediately available when service is in operation.	✓	✓			
Ensure all teachers and educators hold approved qualifications in first aid, anaphylaxis management and emergency asthma management. These qualifications must meet legislative requirements.	✓	✓			
Maintaining current approved anaphylaxis and asthma management qualifications.		✓	✓		✓
Ensure staff's approved asthma and anaphylaxis management qualifications are recorded in their staff record.	✓	✓			
Develop medical action plans which follows the ASCIA Action Plan.	✓	✓	✓	✓	✓
Identify staff roles and responsibilities in a medical emergency. <i>(Appendix 2.6.7: Medical Risk Minimisation and Communication Plan)</i>	✓	✓	✓	✓	✓
Ensuring that induction procedures for casual and relief staff include information the following information: <ul style="list-style-type: none"> • children diagnosed with asthma, anaphylaxis and/or allergies. • the location of their medication • their medical action plans. 	✓	✓			
Ensure all staff are aware of the procedures for first aid treatment for asthma, anaphylaxis, and allergies.	✓	✓	✓		
Ensure all staff, parents/guardians, contractors, volunteers, and students are provided with and have read this policy.	✓	✓			
Ensure all staff, parents/guardians, contractors, volunteers, and students are provided with and have read the <i>Dealing with Medical Conditions</i> policy.	✓	✓			
Ensure all staff undertake ASCIA anaphylaxis refresher e-training practice using an adrenaline injector trainer once a term, and that participation is documented on the staff record .	✓	✓			
Ensure parents/guardians or authorised nominee provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency.	✓	✓		✓	

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Ensure parents/guardians or authorised nominee provide written authorisation for excursions outside the service premises.	✓	✓	✓	✓	
Identify children at risk of asthma, anaphylaxis, and/or allergies during the enrolment process and inform staff.	✓	✓	✓		
If a child has their first anaphylaxis event whilst at the service, staff must follow the ASCIA First Aid Plan including calling an ambulance.	✓	✓	✓		✓
Follow specified reporting procedures set out in the <i>Incident, Injury, Trauma, and Illness Policy</i> if a child is involved in a medical emergency that results in injury or trauma.	✓	✓	✓		✓
Ensure all details on their child’s enrolment form and medication record are completed prior to commencement at the service.				✓	
Ensure medication is administered in accordance with legislative requirements.	✓	✓	✓		✓
Complete a medication record each time medication is administered to a child.	✓	✓	✓		✓
Ensure programmed activities and experiences take into consideration the individual medical needs of all children.	✓	✓	✓		✓
Ensure children with asthma, anaphylaxis, and/or allergies can participate in all activities safely and to their full potential.	✓	✓	✓		✓
Ensure children at risk of anaphylaxis, asthma, and/or allergies are not discriminated against in any way.	✓	✓	✓		✓
Give written notice to a parent/guardian when medication was administered to a child during an emergency. The notice must be provided as soon as possible.	✓	✓	✓		✓
Immediately respond to any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.	✓	✓			
Notifying the Department of Education, within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.	✓	✓			
Display medical action plans in key locations at the service.	✓	✓			
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled must also:					
Display a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service. (<i>A 2.6.1: Anaphylaxis Notice</i>)	✓	✓			
Ensure the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed.	✓	✓			
Ensure that the following is complete before the child starts attending the service: <ul style="list-style-type: none"> • parent/guardians provide medical management plan. • risk minimisation and communication plan has been developed in consultation with family. • authorisation for any medication and medical treatment has been obtained. 	✓	✓		✓	
Ensure the medical management, risk minimisation, and communication plans are developed for each child with a diagnosed medical condition.	✓	✓	✓		

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Ensure the medical management, risk minimisation, and communication plans are reviewed annually.	✓	✓	✓		
Ensure an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions provided by the parents.	✓	✓	✓		
Ensure the ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions child's doctor or nurse practitioner's information.	✓	✓	✓		
Ensure individualised anaphylaxis care plans are reviewed when a child's allergies change.	✓	✓	✓		✓
Ensure all children have the required documentation filed with their enrolment record.	✓	✓	✓		
Compile a list of children at risk of anaphylaxis and place it in a secure but readily accessible location known to all staff.	✓	✓	✓		
Ensure all staff, including casual and relief staff, are aware of: <ul style="list-style-type: none"> • children diagnosed as at risk of anaphylaxis. • their signs and symptoms. • the location of their adrenaline. • their medical action plans. 	✓	✓	✓		✓
Ensure parents/guardians of all children at risk of anaphylaxis always provide an unused, in-date adrenaline injector, if prescribed, when their child is attending the service.	✓	✓	✓	✓	✓
Always follow the child's medical management plan and ensure all staff are aware of the procedure.	✓	✓	✓		✓
Ensuring that the adrenaline injector is: <ul style="list-style-type: none"> • stored in a location that is known to all staff, including casual and relief staff. • easily accessible to adults both indoors and outdoors. • inaccessible to children. • stored away from direct sources of heat, sunlight and cold. 	✓	✓	✓		✓
Ensure adrenaline injector kits are provided and maintained.	✓	✓	✓	✓	✓
Ensure the expiry date of adrenaline injectors are checked once a term and replaced when required.	✓	✓	✓		✓
When children diagnosed at risk of anaphylaxis leaves the service as part of the program, staff must carry a fully equipped adrenaline injector kit and a copy of the child's medical action plan.	✓	✓			
If an adrenaline injector has been administered to a child, ensure emergency services and parents/guardians of the child are notified by phone as soon as is practicable.	✓	✓	✓		✓
Immediately communicate any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service.	✓	✓	✓		✓
Comply with the risk minimisation strategies identified as appropriate in individual risk minimisation plans.	✓	✓	✓		✓
Organise the provision of allergy awareness information for parents/guardians of children enrolled at the service.	✓	✓			
Provide age-appropriate education to all children about asthma, anaphylaxis, and allergies.	✓	✓	✓		✓

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Provide support (including counselling) for any person/child who managed, experienced, or witnessed a medical emergency.	✓	✓	✓		✓
In addition to the above, services where a child diagnosed with asthma is enrolled must also:					
Organise asthma management information sessions for families of children enrolled at the service.	✓	✓			
Act on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity and implement a communication strategy to inform families.	✓	✓	✓		✓
Implement procedures to minimise risks associated with a potential thunderstorm asthma.	✓	✓	✓		✓
Ensure families provide a copy of their child's Asthma Care Plan prior to the child commencing at the service. The Asthma Care Plan must be reviewed and updated at least annually.	✓	✓		✓	
Consult with the families of children with asthma about the health and safety of their child and the supervised management of the child's asthma.	✓	✓		✓	
Developing a Risk Minimisation Plan for every child with asthma, in consultation with families.	✓	✓	✓	✓	
Ensure all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record.	✓	✓		✓	
Notify staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record.				✓	
Always provide an adequate supply of appropriate asthma medication and equipment for the child.				✓	
Ensure medication is appropriately labelled with child's name.				✓	
Communicate any concerns to families if a child's asthma is limiting their ability to participate fully in all activities.	✓	✓	✓		
Compile a list of children with asthma and place it in a secure, but readily accessible, location known to all staff.	✓	✓	✓		
Ensure staff can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans, and the asthma first aid kit.	✓	✓	✓		
Ensure medication is administered in accordance with the child's Asthma Care Plan.	✓	✓	✓		
Ensure families of all children with asthma always provide reliever medication and a spacer when their child is attending the service.	✓	✓		✓	
Implement an asthma first aid procedure consistent with current national recommendations.	✓	✓	✓		
Ensure that all staff are aware of the asthma first aid procedure.	✓	✓			
Ensure provision and maintenance of asthma first aid kits.	✓	✓			
Ensure the expiry date of reliever medication is checked regularly and replaced when required.	✓	✓	✓		
Ensure spacers and face masks that are from the services first aid kits are replaced after every use.	✓	✓			

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Identify and minimise asthma triggers for children attending the service as outlined in the child's Asthma Care Plan, where possible.	✓	✓	✓		
Immediately communicate any concerns with families regarding the management of children with asthma at the service.	✓	✓	✓		
Display the Asthma First Aid poster in key locations at the service	✓	✓			
If medication was administered to a child in an asthma emergency without authorisation from the parent/guardian, authorised nominee, medical practitioner, or emergency services ensure the family and emergency services are notified as soon as is practicable.	✓	✓	✓		
Ensure an asthma first aid kit is taken on all excursions and other offsite activities.	✓	✓	✓		



Definitions

The terms defined in this section relate specifically to this policy:

Adrenaline injector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained.

Adrenaline injector kit: An insulated container with an unused, in-date adrenaline injector. If prescribed, an antihistamine should also be included in the kit. Adrenaline injectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergic reaction: A sensitivity to a specific substance, called an allergen, that is contacted through the skin, inhaled into the lungs, swallowed, or injected. The body's reaction to an allergen can be mild, such as a localized rash, or life-threatening, such as anaphylactic shock.

Allergy: 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 allergens.

Anapen®: A type of **adrenaline injector** containing a single fixed dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®.

Anaphylaxis: A severe, rapid, and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Approved Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector trainer.

Approved Emergency Asthma Management (EAM) training: Training that provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

ASCIA Action Plan for Anaphylaxis/Allergic Reactions: A standardised emergency response management plan for anaphylaxis prepared and signed by the child's treating, registered medical or nurse practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode.

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Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits intended for the convenient, safe storage of blue reliever medication and unopened single use spacers and face masks.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke, and exercise. Asthma triggers will vary from child to child.

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

EpiPen®: A type of adrenaline injector containing a single fixed dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

Metered dose inhaler: A common device used to administer reliever medication.

Puffer: The common name for a *metered dose inhaler*.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, an ingredient used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency.

Risk minimisation plan: A documented plan developed in consultation with each family of a child enrolled with a diagnosed medical condition. This plan is specific to the child and service. It specifies each child's medical condition along with the strategies and actions that will be implemented to minimise the risk of the child being exposed to any risks such as allergens, food or known causes/triggers that might result in the child experiencing an emergency or event related to their medical condition.

Spacer: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.



Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2017
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)



Related Appendices & Documents

- Appendix 2.6.1: Anaphylaxis Notice
- Appendix 2.6.2: ASCIA Action Plan Anaphylaxis Red General 2023
- Appendix 2.6.3: ASCIA Action Plan Allergic Reactions Green 2023
- Appendix 2.6.4: ASCIA First Aid Anaphylaxis A3 poster
- Appendix 2.6.5: Signs and symptoms of allergic reaction poster
- Appendix 2.6.6: AA2023 Asthma Action Plan A4
- Appendix 2.6.7: Medical Risk Minimisation and Communication Plan
- Appendix 2.6.8: We are Allergy Aware Poster
- Appendix 2.6.9: Asthma List
- Appendix 2.6.10: Anaphylaxis List

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- Appendix 2.6.11: Allergies List
- Appendix 2.6.12: Asthma First Aid Poster



Related Policies

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Providing a Child Safe Environment
- Supervision of Children



Authorisation and Version Control

Version	Objective ID	Action	Date	Endorsement date	Next Review Date
4	A2340483	Minor Changes - wording	28/08/2018	KK 22/01/2019	2021
5	A3850141	Addition – Wyndham City’s Statement of Commitment – Child Safe Standards	28/09/2022	TP	2025
6	A4669570	Merged the following policies: - Protection from Allergens - Emergency Management of Asthma and Anaphylaxis Updated Appendices Updated format Updated definitions	Dec, 2023	TP	Dec, 2024
7	A4669570	Updated Wyndham City’s Statement of Commitment to a Child Safe Organisation – as per Wyndham City’s Child Safe Management page	20/06/2025	TP <i>T. Papaicamou</i>	Dec, 2024