

## Anaphylaxis and Allergic Reactions Procedure – Children’s Services

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<b>Adopted by</b>	Manager Child, Families and Youth
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<b>Responsible officer</b>	Manager Child, Families and Youth
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### 1. Purpose

Melton City Council is committed to:

- minimising the risk of an allergic reaction including anaphylaxis occurring while children are in the care of Melton City Council.
- ensuring that service staff respond appropriately to allergic reactions including anaphylaxis by following the child’s ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
- raising awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
- working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe.
- ensuring that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

This procedure has been adapted from PolicyWorks Catalogue by the Early Learning Association Australia.

### 2. Application And Scope

This procedure applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Melton City Council, including during offsite excursions and activities.

This procedure will apply regardless of whether a child is diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at and attending the service.

### 3. Responsibilities

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that an anaphylaxis policy, which meets legislative requirements ( <i>Regulation 90</i> ) and includes a risk minimisation plan and communication plan, is developed and displayed at the service, and reviewed annually	R	√			√
Providing approved anaphylaxis management training to staff as required under the <i>National Regulations</i>	R	√			
Ensuring that at least one ECT/educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation ( <i>Regulations 136, 137</i> )	R	√			
Ensuring that all ECT/educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act ( <i>Section 169(4)</i> ) and National Regulations ( <i>Regulation 137</i> ), and are approved by ACECQA	R	√			
Providing opportunities for ECT/Educators to undertake food allergen management training	√	√			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities.	√	√	√		
Ensuring ECT/educators and staff are aware of the procedures for first aid treatment for anaphylaxis	R	√	√		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the <i>Anaphylaxis Policy and the Dealing with Medical Conditions Policy (Regulation 91)</i>	R	√			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training practice administration of treatment for anaphylaxis using an adrenaline injector trainer twice a	R	√			

year, and that participation is documented on the staff record					
Ensuring the details of approved anaphylaxis management training are included on the staff record, including details of training in the use of an adrenaline injectors ( <i>Regulations 145, 146, 147</i> )	R	✓	✓		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency ( <i>Regulation 161</i> ), and that this authorisation is kept in the enrolment record for each child	R	✓		✓	
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises ( <i>Regulation 102</i> ) ( <i>refer to Excursions, Incursion, Transport and Road Safety Policy</i> )	R	✓	✓	✓	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	✓	✓	✓		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called	✓	✓	✓		✓
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma ( <i>Regulation 87</i> )	R	✓	✓		✓
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled, also responsible for:					
Displaying 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>Regulation 173(2)(f)</i> )	R	✓			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed	R	✓			
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	R	✓	✓		
Ensuring risk management plan and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner and is reviewed annually	R	✓	✓		
Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring that information is up to date and correct, and any new procedures for the special activity are included	✓	✓	✓		✓

Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff ( <i>Regulation 162</i> )	R	✓	✓		
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child	✓	✓	✓		
Compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA Action and ASCIA Action Plan for Allergic Reactions Plan for anaphylaxis for each child	✓	✓	✓		
Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	✓	✓		✓
Ensuring parents/guardians of all children at risk of anaphylaxis <b>provide an unused, in-date</b> adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	✓	✓	✓	✓	✓
Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	✓	✓	✓		
Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		✓	✓		✓
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations and ensuring all staff are aware of the procedure	R	✓	✓		✓
Ensuring that the adrenaline injector is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat, sunlight and cold	R	✓	✓		✓
Ensuring adequate provision and maintenance of adrenaline injector kits	R	✓	✓	✓	✓
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	✓	✓		✓
Ensuring that ECT/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis <i>Excursions, Incursion, Transport and Road Safety Policy</i>	R	✓			

Ensuring that medication is administered in accordance with <i>Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)</i>	R	✓	✓		✓
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee ( <i>Regulation 94</i> )	R	✓	✓		✓
Ensuring that a medication record is kept that includes all details required by ( <i>Regulation 92(3)</i> ) for each child to whom medication is to be administered	R	✓	✓		✓
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency ( <i>Regulation 93 (2)</i> )	R	✓	✓		✓
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	R	✓	✓		✓
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	✓	✓		✓
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	✓	✓		✓
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	✓	✓		✓
Responding to complaints and notifying Department of Education and Training, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	R	✓			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCI) First Aid Plan for Anaphylaxis poster in key locations at the service	✓	✓			
Displaying Ambulance Victoria's AV How to Call Card near all service telephones	✓	✓			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans, from	R	✓			
Organising allergy awareness information sessions for parents/guardians of children enrolled at the service, where appropriate	✓	✓			
Providing age-appropriate education to all children including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.	✓	✓	✓		✓
Providing information to the service community about resources and support for managing allergies and anaphylaxis	✓	✓			

Providing support (including counselling) for ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	√	√	√		√
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## 4. Procedure

Melton City Council believes that the safety and wellbeing of children who are At Risk of Anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children At Risk of Anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and Anaphylaxis
- actively involving the parents/guardians of each child At Risk of Anaphylaxis in assessing risks, and in developing Risk Minimisation and risk management strategies, resources and training for the care and education of their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, Anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children At Risk of Anaphylaxis

### 4.1. Daily Routines

The Educator will:

- ensure that the child's exposure to the identified Allergen is, if possible, prevented and at least minimised
- if the Allergy is food, ensure that the child's parent/guardian provides all dietary requirements, with the exception of water
- understand the importance of, and ensure that, food, food utensils and containers are not shared
- ensure that all the children wash their hands after eating so as minimise potential contamination of other surfaces
- carefully check all empty food containers used within the environment to eliminate the possibility of contact with the Allergen e.g. art and craft materials, other play equipment
- inform other families that there is a child in care with Anaphylaxis to ensure the potential of food Allergens in the environment are reduced or eliminated
- inform other parents, in writing e.g. email/SMS, if there are changes in Allergy triggers and or Management Plans where they may be affected
- update notices if there are changes in allergy triggers and or management plans for the children attending

### 4.2. Mealtimes (if the allergen is food)

The Educator will:

- discreetly supervise and monitor mealtimes
- if another child is eating food containing the Allergen, ensure that the potential for cross contamination is minimised or eliminated
- supply wet ones (or equivalent) and disposable towels to clean the face and hands of children, particularly the child eating the Allergen, to minimise the dangers of cross contamination via taps or skin contact



- use liquid soap only
- ensure children's hands are washed before and after eating
- wash tables, chairs, highchairs, equipment and touch points after each use
- ensure left over foods are safely disposed in a lidded bin
- wipe tables and sweep floors clean of any food residue after use. All residue needs to be appropriately disposed of. The educator may need to consider a space at the table that is used specifically for the particular child.

#### **4.3. Child (if the allergen is food)**

The Educator should:

- ensure the child only eats food and drink, with the exception of water, that is provided or approved by the parent
- not allow other children in care to share food or drink
- offer an inclusive program e.g. gluten free playdough, allergen free cookery
- if a menu is offered to adapt where reasonable to an allergen free menu. The parents of children at risk of anaphylaxis may offer advice and provide allergen free ingredients or replacements (at their cost).

#### **4.4. Training**

Where there is a child in the service that is At Risk of Anaphylaxis all staff will be required to undertake accredited Anaphylaxis Management Training and Adrenaline Auto-Injection Device Training.

In accordance with legislation staff and educators are required to undertake Anaphylaxis Management Training every three years and Adrenaline Auto-Injection Device Training at least every 12 months (National Regulations 136 and 137)

#### **4.5. Use of Adrenaline Auto-Injection Device**

- the parent or guardian will be required to supply the staff/educator with an Adrenaline Auto-Injection Device in an insulated pack
- the Adrenaline Auto-Injection Device must be clearly labelled with the child's name and date of birth
- the Adrenaline Auto-Injection Device will contain the correct dosage for the child concerned
- the Adrenaline Auto-Injection Device must have a current expiry date and administered according to the instructions provided by the manufacturer and in accordance with the emergency response plan written by the child's doctor
- the parent/guardian will have completed all required medical management plans, communication and risk minimisation plans before the child attends the service and will complete and sign the required documentation on the day of use.

#### **4.6. Risk Minimisation Plan**

- the parent/guardian will be required to complete the Melton City Council Risk Minimisation Plan for each child in the service who has been diagnosed as At Risk of Anaphylaxis. This plan is to be used in conjunction with the Anaphylaxis Medical Management Plan or Action Plan for Anaphylaxis.
- Prior to accessing the service, educators are to develop a Risk Minimisation Plan

in consultation with the parent/guardian, which includes the identified risks, identifies the child, their Anaphylaxis Action Plan and the location of their medication. This documentation must be approved and signed by the parent/guardian before the child attend the service.

- Educators are to ensure that the child does not attend the service without the medication prescribed by the child's medical practitioner. In the event that the service needs to administer a child with their Adrenaline Auto-Injection Device, the parent/guardian will be responsible for a new replacement

#### **4.7. Communication Plan**

- provide access to the Anaphylaxis Policy to all parents/guardians
- at enrolment identify whether or not the child has been diagnosed At Risk of Anaphylaxis
- obtain a Medical Management Action Plan from the parent/guardian that has been prepared and signed by the child's medical practitioner
- attach a current photograph of the child provided by the parent to the Medical Management Action Plan
- the staff member enrolling the child will identify the child At Risk of Anaphylaxis to the appropriate Nominated supervisor, responsible person/s or educators
- provide a copy of the communication plan, Risk Minimisation Plan and Medical Management Action Plan to the appropriate nominated supervisor, responsible person/s, educators and in the case of Occasional Care, the Program Leader
- educators will ensure easy access for reference and display the Medical Management Action Plans in a respectful and confidential manner
- educators will communicate to all other families in care the Allergen triggers
- educators will identify any child At Risk of Anaphylaxis to any staff, students, volunteers or visiting early childhood professionals and communicate the child's Medical Management Action Plan and identify where the Auto Adrenaline-Injection Device is
- the parents/guardian and educators are required to communicate any changes with each other, preferably in writing e.g. email.
- The Medical Management Action Plan, Communication and Risk Minimisation Plans need to be updated each time a change occurs, and a copy is to be provided to the person in charge at the service.

#### **4.8. Emergency Procedures**

- In the event of an Anaphylactic reaction, educators will follow the Anaphylaxis Medical Management Action Plan for that specific child. The educators must remain with child at all times until medical assistance arrives.
- If an Adrenaline Auto-Injection Device is administered an ambulance must be called.
- When speaking with the emergency services stay calm, speak clearly, give exact details of location, inform the operator you believe it is Anaphylaxis and request a Mobile Intensive Care Ambulance (MICA). Do not hang up until directed by the operator.
- Avoid leaving one staff member to manage the incident alone, if possible, ask staff to remove other children from area in a calm and reassuring manner, maintaining active supervision of all children.
- Where possible, have somebody waiting outside for the ambulance to direct



- them to the patient.
- Once medical attention has arrived and the Anaphylactic reaction has been confirmed by paramedics, contact the parent/guardian and advise that the child has had an Anaphylactic reaction and inform parent/guardian where the child is or which hospital the child has been taken to. If possible, allow paramedics to speak to parent.
  - Contact the coordinator or team leader as soon as practicable to inform them of the situation, reassure and inform the parents/guardians of other children, as soon as practical e.g. email/SMS, to explain an ambulance had been called to the program and offer parents/guardians the choice to collect child(ren). Confidentiality should be maintained when discussing the situation with other parents/guardians
  - The coordinator or team leader must notify the Department of Education (DE) as soon as practicable and no later than 24 hours after emergency services have been called.

#### **4.9. In case of an emergency**

Authorisation can be given verbally by:

- Parent/guardian with legal authority.
- A person named in the child's enrolment form as authorised to consent to administration of Medication.
- Or, if the above people cannot reasonably be contacted, a registered medical practitioner or emergency services.

In the case of an Anaphylaxis or Asthma emergency, Medication may be administered as described in the child's Medical Management Plan.

If Medication is administered the educator must ensure that the parent of the child and emergency services are notified as soon as practicable.

## 5. Definitions

Term	Definition
<b>Adrenaline Auto-Injection Device</b>	<p>An intramuscular injection device containing a single dose of Adrenaline designed to be administered by people who may not be medically trained.</p> <p>Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA plan Anaphylaxis Medical Management Action Plan must be specific for the brand they have been prescribed.</p> <p>Used Adrenaline auto-injectors should be capped and given to ambulance officers or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available and disposed of via medical sharps waste disposal (seek advice from waste management).</p>
<b>Adrenaline Auto-Injection Device Training</b>	<p>Training in the use of the Adrenaline Auto-Injection Devices are provided by Allergy Nurse educators or other qualified professionals such as doctors or First Aid trainers, through accredited training institutions or through the use of a self-paced training CD and Auto-Injection Device trainers.</p>
<b>Adrenaline Auto-Injector Kit</b>	<p>An insulated container with an in-date adrenaline auto-injection device, a copy of the child's ASCIA or Anaphylaxis Medical Management Action Plan for anaphylaxis, telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted.</p> <p>If prescribed, an antihistamine should also be included in the kit.</p> <p>Auto-injection devices must be stored away from direct heat.</p>
<b>Allergen</b>	<p>A substance that can cause an Allergic Reaction.</p>
<b>Allergy</b>	<p>An immune system response to something in the environment, which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.</p>

Term	Definition
<b>Allergic Reaction</b>	<p>A reaction to an allergen. Common signs and symptoms:</p> <ul style="list-style-type: none"> <li>• mild to moderate signs and symptoms: <ul style="list-style-type: none"> <li>○ hives or welts</li> <li>○ tingling mouth</li> <li>○ swelling of the face, lips and eyes</li> <li>○ abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however, these are severe reactions to insects.</li> </ul> </li> <li>• signs and symptoms of anaphylaxis are: <ul style="list-style-type: none"> <li>○ difficult/noisy breathing</li> <li>○ swelling of the tongue</li> <li>○ swelling/tightness in the throat</li> <li>○ wheeze or persistent cough</li> </ul> </li> </ul> <p>persistent dizziness or collapse (child pale or floppy)</p>
<b>Anaphylaxis</b>	A severe, rapid and potentially fatal Allergic Reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
<b>Anaphylaxis Action Plan</b>	Refer to the definition for Anaphylaxis Medical Management Action Plan below.
<b>Anaphylaxis Management Training</b>	Training that includes recognition of Allergic Reactions, strategies for Risk Minimisation and risk management, procedures for emergency treatment and facilitates practice in the administration of treatment using an Adrenaline Auto-Injection Device trainer. Approved training is listed on the ACECQA website.
<b>Anaphylaxis Medical Management Action Plan</b> (sometimes simply referred to as an Action Plan or ASCIA plan)	<p>An individual Medical Management Plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and allergies, a photograph of the child, a description of the prescribed Anaphylaxis medication for that child and clear instructions on treating an Anaphylactic episode.</p> <p>The plan must be specific for the brand of Auto-Injection Device prescribed for each child.</p> <p>Examples of plans specific to different Adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website.</p>
<b>Approved Anaphylaxis Management Training</b>	Training that is approved by the National Authority in accordance with Regulation 137(e) of the <i>Education and Care Services National Regulations</i> 2011 and is listed on the ACECQA website (refer to <i>Sources</i> ).
<b>At-Risk Child</b>	A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

Term	Definition
<b>AV How to Call Card</b>	<p>A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000.</p> <p>Once completed, this card should be kept within easy access of all service telephone/s.</p>
<b>Communication Plan</b>	<p>A mandatory plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff/educators in relation to the policy.</p> <p>The Communication Plan also describes how parents/guardians and staff/educators will be informed about Risk Minimisation Plans and emergency procedures to be followed when a child diagnosed as At Risk of Anaphylaxis is enrolled at a service.</p>
<b>Duty of Care</b>	<p>A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.</p>
<b>Intolerance</b>	<p>Often confused with Allergy, Intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.</p>
<b>MICA Ambulance</b>	<p>Mobile Intensive Care Ambulance (MICA) paramedics have a higher clinical skill set and can perform more advanced medical procedures. MICA paramedics training goes beyond practical skill precision to include more detail in anatomy, physiology, pathophysiology and pharmacology to greater increase capacity to make complex clinical decisions without medical consultation.</p>
<b>No Food Sharing</b>	<p>A rule/practice in which children only eat food that is supplied/permitted by their parents/guardians.</p>
<b>Risk Minimisation</b>	<p>The practice of developing and implementing a range of strategies to reduce hazards for a child At Risk of Anaphylaxis, by removing, as far as is practicable, major Allergen sources from the service.</p>
<b>Risk Minimisation Plan</b>	<p>A mandatory service-specific plan that documents a child's Allergy, practical strategies to minimise risk of exposure to Allergens at the service and details of the person/s responsible for implementing these strategies.</p> <p>A Risk Minimisation Plan should be developed by the person in day to day charge in consultation with the nominated supervisor and parents/guardians of the child At Risk of Anaphylaxis and service staff/educators. The plan should be developed upon a child's enrolment or initial diagnosis, before attendance to the program and reviewed at least annually and always on re-enrolment.</p>

Term	Definition
<b>Staff Record</b>	A record which the approved provider of a service must keep containing information about the nominated Supervisor/Person in day-to-day charge, responsible person/s, staff, educators, volunteers and students at a service, as set out under division 9 of the National Regulations.

## 6. Related Documents

Name	Location
Local Government Act 2020	<a href="https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020">https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020</a>
Relevant legislations and standards include but are not limited to	<ul style="list-style-type: none"> <li>• Education and Care Services National Law Act 2010: Sections 167, 169</li> <li>• Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.</li> <li>• Health Records Act 2001 (Vic)</li> <li>• National Quality Standard, Quality Area 2: Children’s Health and Safety</li> <li>• Occupational Health and Safety Act 2004 (Vic)</li> <li>• Occupational Health and Safety Regulations 2017</li> <li>• Privacy and Data Protection Act 2014 (Vic)</li> <li>• Privacy Act 1988 (Cth)</li> <li>• Public Health and Wellbeing Act 2008 (Vic)</li> <li>• Public Health and Wellbeing Regulations 2009 (Vic)</li> </ul>

Name	Location
Sources	<ul style="list-style-type: none"> <li>• ACECQA – list of approved first aid training <a href="#">First aid qualifications &amp; training   ACECQA</a></li> <li>• Allergens for Children’s education and care (CEC) training <a href="#">FA Training: CEC</a></li> <li>• Allergy Aware <a href="https://www.allergyaware.org.au/">https://www.allergyaware.org.au/</a></li> <li>• Allergy &amp; Anaphylaxis Australia <a href="https://allergyfacts.org.au">https://allergyfacts.org.au</a></li> <li>• Australasian Society of Clinical Immunology and Allergy (ASCIA): <a href="http://www.allergy.org.au">www.allergy.org.au</a></li> <li>• Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: <a href="https://etraining.allergy.org.au/">https://etraining.allergy.org.au/</a></li> <li>• Department of Education (DE) <a href="#">First aid, anaphylaxis and asthma management qualifications in early childhood services   vic.gov.au</a></li> <li>• Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne <a href="http://www.rch.org.au/allergy">www.rch.org.au/allergy</a></li> <li>• Allergic and anaphylactic reactions (July 2019) <a href="#">Kids Health Info : Allergic and anaphylactic reactions</a></li> <li>• Anaphylaxis risk minimisation strategies: <a href="#">Strategies to reduce risk - Allergy Aware</a></li> <li>• Enrolment checklist for children diagnosed as at risk of anaphylaxis: <a href="#">Anaphylaxis management checklist children’s education and care services - Allergy Aware</a></li> <li>• Anaphylaxis risk minimisation plan template: <a href="#">Anaphylaxis risk management plan template - Allergy Aware</a></li> <li>• Individualised anaphylaxis care plan template: <a href="#">Individualised anaphylaxis care plan template - Allergy Aware</a></li> </ul>



Name	Location
Related Policies	<ul style="list-style-type: none"> <li>• Administration of First Aid</li> <li>• Administration of Medication</li> <li>• Asthma</li> <li>• Child Safe (MCC)</li> <li>• Child Safe Environment and Wellbeing</li> <li>• Dealing with Medical Conditions</li> <li>• Diabetes</li> <li>• Enrolment and Orientation</li> <li>• Excursions, Regular Outings and Service Events</li> <li>• Food Safety</li> <li>• Hygiene</li> <li>• Incident, Injury, Trauma and Illness</li> <li>• Inclusion and Equity</li> <li>• Nutrition, Oral Health and Active Play</li> <li>• Occupational Health and Safety</li> <li>• Privacy and Confidentiality</li> <li>• Supervision of Children</li> </ul>

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