

# ANAPHYLAXIS MANAGEMENT POLICY

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis.

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

## NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
12	Meaning of a serious incident

85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173A	Prescribed information to be displayed—family day care service (does not apply to WA Services)
175	Prescribed information to be notified to Regulatory Authority

## RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Excursion/ Incursion Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy
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Enrolment Policy Family Communication Policy	Supervision Policy
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## PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Family Day Care (FDC) Service by following the *Anaphylaxis Management Policy*, developing and implementing risk minimisation strategies and following the child's ASCIA Action Plan. We will ensure all Family Day Care (FDC) educators, educator assistants and staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

## SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, staff, educators, educator assistants, children, families, students, volunteers and visitors of the FDC Service.

## DUTY OF CARE

Our FDC Service has a legal responsibility to take reasonable steps to provide

- a. a safe environment for children free of foreseeable harm and
- b. adequate supervision of children.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our FDC Services. FDC educators and staff members, including relief educators, need to be aware of children at the FDC Service who suffer from allergies that may cause an anaphylactic reaction, maintaining a healthy and safe environment. Management will ensure FDC educators and staff are aware of children's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans, risk minimisation plan and required medication. This policy supplements our *Medical Conditions Policy*.

## BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening. The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews, pistachios, almonds)
- Cow's milk

- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis, and response to anaphylaxis within the FDC Service, is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause a severe reaction, and the implementation of prevention measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the FDC Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## IMPLEMENTATION

We will involve all FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Children at risk of anaphylaxis will not be enrolled into the FDC Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner. A site-specific risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

The [ASCIA Action Plans](#) meet the requirements of Regulation 90 as a medical management plan. It is imperative that all FDC educators, educator assistants and volunteers follow a child's

ASCIA Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The FDC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written authorisation to display the child's ASCIA Action Plan in prominent positions within the FDC residence or approved venue. A copy of all medical management plans will be kept at the FDC Service principal office.

#### THE APPROVED PROVIDER/NOMINATED SUPERVISOR/COORDINATOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- all staff, FDC educators, educator assistants, students, visitors and volunteers have knowledge of and adhere to this policy and the Service's *Medical Condition Policy*
- the [Best practice guidelines](#) for anaphylaxis prevention and management in children's education and care services are implemented
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- that, if the answer is yes, the parents/guardians are required to provide an ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the FDC Service
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- prescribed information is clearly visible from the main entrance at each FDC residence or approved venue (Reg. 173A)
- all FDC educators, educator assistants and coordinators hold:
  - ACECQA approved first aid qualification (including annual emergency life support and CPR)
  - ACECQA approved anaphylaxis management training and
  - ACECQA approved emergency asthma management training
- records are maintained of all training for staff and engaged educators
- that all FDC educators, educator assistants and coordinators, whether they have a child diagnosed at risk of anaphylaxis enrolled at their service or not, undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months (not mandated, but recommended as best practice)

- that all FDC educators, educator assistants and other staff, are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and location of EpiPen®
- that a copy of this policy is provided and reviewed during each new FDC educator and educator assistant's induction process
- that updated information, resources and support for managing allergies and anaphylaxis are regularly provided to families
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Reg. 101
- Recommend that at least one general use adrenaline injector is available at the FDC residence or approved venue in case of an emergency- Reg.89- First Aid Kits

#### IN FAMILY DAY CARE SERVICES WHERE A CHILD DIAGNOSED AT RISK OF ANAPHYLAXIS IS ENROLLED THE NOMINATED SUPERVISOR/COORDINATOR WILL:

- meet with the parents/guardians and FDC educator and begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until an ASCIA Action Plan is provided by the family and signed by a medical practitioner
- ensure the ASCIA Action Plan includes:
  - child's name, date of birth
  - a recent photo of the child
  - confirmed allergen(s)- specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- develop a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care at the FDC residence or approved venue (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- ensure the risk minimisation plan is specific to the FDC residence or approved venue environment a activities, incursions and excursions, and the individual child and is reviewed annually

- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the FDC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- collaborate with parents/guardians and FDC educator to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- review the risk minimisation plan annually
- request parental authorisation to display an ASCIA Action Plan for each child with a diagnosed risk of anaphylaxis in key locations at the FDC residence where the FDC educator is able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, the kitchen, and / or near the medication cabinet)
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations of the FDC residence
- ensure if meals are provided for children at the FDC residence, the FDC educator is trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- ensure that a notice is displayed prominently in the main entrance of the FDC residence or approved venue, stating that a child diagnosed at risk of anaphylaxis is being cared for or educated and providing details of the allergen/s (Reg. 173A) [note: this notice should not identify the child]
- ensure that all relief FDC educators have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure FDC educators display an emergency contact card by the telephone
- ensure risk management plans are developed prior to any excursion or incursion consistent with Reg. 101
- ensure that whenever the FDC educator takes children outside the residence, a copy of the ASCIA Action Plan with the auto-injection device kit is always taken
- ensure an up-to-date copy of the ASCIA Action Plan is provided whenever any changes have occurred to the child's diagnosis or treatment [note ASCIA Action Plans do not expire and are valid beyond their review date]
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.

### FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the FDC residence or approved venue
- ensure a copy of the child's ASCIA Action Plan is visible and known to the FDC educator assistant and coordinator, visitors, and students at the FDC residence or approved venue
- follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- always check a meal before it is given to a child with anaphylaxis
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the FDC residence/approved venue and before and after eating
- ensure children do not share drink bottles or food with other children
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- ensure that the auto-injection device kit is:
  - stored in a location that is known to the FDC educator/educator assistant, relief staff, coordinator and any family members residing in the FDC residence
  - NOT locked in a cupboard
  - easily accessible to adults but inaccessible to children
  - stored in a cool dark place at room temperature
  - NOT refrigerated
  - contains a copy of the child's ASCIA Action Plan
- ensure that the auto-injection device kit containing a copy of the ASCIA Action Plan for each child at risk of anaphylaxis is carried by the FDC educator accompanying the child when the child is removed from the FDC residence e.g., on excursions/regular outings that this child attends, transporting the child, or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).



## SCHOOL-AGED CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR

In some cases, children over preschool age attending the FDC Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school.

To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Regulation 96).

- Where a child carries their own adrenaline auto-injector it is advisable that the FDC Service requests the child's parent to provide a second adrenaline auto-injector to be kept at the FDC residence/approved venue in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person.
- If a child does carry an auto-injector device, its exact location should be easily identifiable by the FDC educator. Where an auto-injector device is carried on their person, a copy of the child's medical management plan must also be carried.

## FAMILIES WILL:

- inform the FDC educator and coordinator at the FDC Service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- provide the FDC service with their child's ASCIA Action Plan giving written authorisation to use the auto-injection device in line with this action plan and signed by a registered medical practitioner
- develop an anaphylaxis risk minimisation plan in collaboration with the coordinator and FDC educator
- develop a communication plan in collaboration with the coordinator and FDC educator
- provide the FDC educator with a complete auto-injection device kit each day their child attends the FDC residence or approved venue
- comply with the FDC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry
- assist FDC educator and other staff by offering information and answering any questions regarding their child's allergies

- communicate all relevant information and concerns to FDC educators and staff, for example, any matter relating to the health of the child
- notify the FDC Service and FDC educator if their child has had a severe allergic reaction while not at the service- either at home or at another location
- read and be familiar with this policy
- bring relevant issues to the attention of the FDC educator
- notify the FDC Service of any changes to their child's allergy status in writing via email or through the *Notification of Changed Medical Status* form and provide a new ASCIA Action Plan in accordance with these changes
- review the risk minimisation plan annually with the nominated supervisor/responsible person and FDC educators (recommended best practice)

#### IF A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION THE FDC EDUCATOR WILL:

- Follow the child's ASCIA Action Plan - administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the approved provider/coordinator of the FDC Service as soon as practicable
- Notify the regulatory authority within 24 hours

#### IN THE EVENT WHERE A CHILD WHO HAS NOT BEEN DIAGNOSED AS ALLERGIC, BUT WHO APPEARS TO BE HAVING AN ANAPHYLACTIC REACTION:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the approved provider/coordinator of the FDC Service as soon as practicable
- Notify the regulatory authority within 24 hours

[Authorisation for emergency medical treatment for conditions such as anaphylaxis or asthma is not required and medication may be administered- as per National Regulation 94]

## REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Reg. 12).

- FDC educator/educator assistant involved in the incident will complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the person in charge of the FDC Service at the time of the incident- the Nominated Supervisor/Coordinator
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's individual record
- the coordinator/nominated supervisor will inform the FDC Service management about the incident
- the nominated supervisor or the approved provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- the FDC educator and educator assistant will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan and risk minimisation plan, evaluated, including a discussion of the effectiveness of the procedure used
- discussions will be held about the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

## EDUCATING CHILDREN

'Allergy awareness' is regarded as an essential part of managing allergies in early childcare services. FDC educators will:

- educate children about allergies and the risk of anaphylaxis in an age-appropriate way
- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make \_\_\_\_\_ sick*', '*this food is not good for \_\_\_\_\_*', and '*\_\_\_\_\_ is allergic to that food*'.
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- encourage empathy, acceptance, and inclusion of the allergic child
- discuss strategies to help keep children with food allergies safe including not sharing food, drinking from their own water bottle/cup, washing hands
- **implement Food Allergy Smart Education Program- [My Food Allergy Friends](#)**

## CONTACT DETAILS FOR RESOURCES AND SUPPORT

[Allergy Aware- A hub for allergy awareness resources](#) A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (2023)

[Australasian Society of Clinical Immunology and Allergy](#) (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plans are the 2023 versions There are three types of ASCIA Action Plans for Anaphylaxis and a First Aid Plan. The 2023 plans have been reformatted for the first time in 20 years.

- ASCIA Action Plan **(RED)** are for children .or adults with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)
- ASCIA Action Plan for Drug (Medication) Allergy **(DARK GREEN)** for children or adults with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline injectors.
- ASCIA Action Plan for Allergic Reactions **(GREEN)** is for children or adults with medically confirmed food or insect allergies who have not been prescribed adrenaline autoinjectors and
- ASCIA First Aid Plan for Anaphylaxis **(ORANGE)**

[Allergy & Anaphylaxis Australia](#) is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.

Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

[Royal Children's Hospital Anaphylaxis Advisory Support Line](#) provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: [anaphylaxisadvice@rch.org.au](mailto:anaphylaxisadvice@rch.org.au)

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

## ADDITIONAL INFORMATION

### NEW SOUTH WALES (NSW)

[Allergy and anaphylaxis in early childhood education and care](#)  
[Anaphylaxis and Allergy Prevention and Management](#)

## CONTINUOUS IMPROVEMENT/REFLECTION

Our *Anaphylaxis Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

## CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form Adrenaline Auto Injector Expiry Record Anaphylaxis Letter to Families Authorisation to Display Medical Management Plan Managing a Medical Condition Procedure Medical Communication Plan	Medication Update Letter to parents Medical Conditions Register Medical Management Plan Medical Risk Minimisation Plan Notification of Changed Medical Status
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## SOURCES

Allergy Aware. (2023). [Best practice guidelines for anaphylaxis prevention and management in children's education and care.](#)

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework.](#)

ASCIA [Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:](#)  
Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).  
[Education and Care Services National Regulations.](#) (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

## REVIEW

POLICY REVIEWED BY	Katie Griffiths	Nominated Supervisor	July 2024
POLICY REVIEWED	JULY 2024	NEXT REVIEW DATE	JULY 2025
VERSION NUMBER	V10.7.24		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• National Law requirements added</li> <li>• Regulation 173A added</li> <li>• additional points added to ensure children's health and safety- risk minimisation plans reviewed, allergy awareness education</li> <li>• resource section checked and links repaired as required</li> <li>• Childcare Centre Desktop resources added</li> <li>• sources checked for currency</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JULY 2023	<ul style="list-style-type: none"> <li>• Annual policy maintenance</li> <li>• Reference to medical management plan as: ASCIA Action Plans</li> <li>• ASCIA Action Plans information updated for 2023 versions</li> <li>• Links checked and repaired where required</li> <li>• continuous improvement/reflection section added</li> </ul>		JULY 2024
JULY 2022	<ul style="list-style-type: none"> <li>• policy maintenance - no major changes to policy</li> <li>• minor formatting edits within text- reference to Family Day Care Service abbreviated to FDC for consistency within policy</li> <li>• hyperlinks checked and repaired as required</li> <li>• hyperlinks edited to the name of the document where possible</li> </ul>		JULY 2023
OCTOBER 2021	Additional information re: best practice from National Allergy Strategy- October 2021		JULY 2022
JULY 2021	<p>Please check new version of this policy and adjust as required for your service)</p> <ul style="list-style-type: none"> <li>• rearranged content within policy and deletion of repetitive statements in all sections</li> <li>• consistent wording to align with related Medical Conditions policies (asthma, epilepsy, diabetes)</li> </ul>		JULY 2022

	<ul style="list-style-type: none"> <li>• policy review includes ACECQA policy guidelines/components (June 2021)</li> <li>• links added for suggested education program for children</li> <li>• ASCIA action plans updated for 2021</li> <li>• communication plan information added</li> <li>• links to state/territory information checked and edited where required</li> </ul>	
JULY 2020	<p>Additions to content of policy  Additional regulations added  Additions to emergency first aid requirements  rearranged some points under Educators to Nominated Supervisor  Storage of autoinjector updated  Updated 2020 ASCIA Action Plans  All State/Territory contacts checked for currency  Additional links for some states added</p>	JULY 2021
JULY 2019	<p>Section added – “School-aged children who carry their own adrenaline autoinjector” to cater for school-aged children in before/after school care &amp; vacation care.  Grammar and punctuation edited.  Additional information added to points.  Sources checked for currency.  Contact information updated (email address)  Regulation 136 added.</p>	JULY 2020
JULY 2018	New policy draft	JULY 2019