

ANAPHYLAXIS POLICY

PURPOSE

To explain to Goonawarra Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Goonawarra Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Goonawarra Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Goonawarra Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Goonawarra Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Goonawarra Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- Immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

The location of anaphylaxis action plans, individual anaphylaxis management plans and adrenaline autoinjectors are kept in the first aid room in the labelled unlocked cupboard. Copies of the action plans are kept in various locations (classroom, general office and medical files in the first aid room) around the school so that the plan is easily accessible by school staff in the event of an incident.

Students will not keep their adrenaline autoinjectors on their person.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Goonawarra Primary School's first aid room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline autoinjectors for general use are available at the First Aid Room, and are labelled “general use”.

Risk Minimisation Strategies

In the classroom/ specialists

1. Keep a copy of the student’s ASCIA Action Plan in the classroom accessible to all staff.
2. Liaise with parents/carers about food related activities.
3. Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
6. A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
7. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
8. Wipe down tables and surfaces regularly.
9. Assistant Principal/Business Manager or Office staff will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventative strategies in place, and the school’s emergency procedures. They will instruct as to the location in the classroom where the Individual Management Plan and ASCIA plan are located.
10. Volunteers who work with children at risk of anaphylaxis will be briefed on the preventative strategies in place.

In the school yard

1. Yard Duty Staff are familiar with the School’s Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the First Aid Room.
2. Yard Duty Staff can identify by face those students at risk of anaphylaxis by using the photo key tags attached to the yard duty bag.
3. Yard Duty bags contain the following information, which can be retrieved quickly:
4. Communication Alert Cards to notify the General Office/first aid staff of an anaphylactic reaction in the yard use card A. and Emergency response card to notify the General Office/first aid staff.
5. Students are supervised in the playground before school from 8.45am to 9.00am, and after school from 3.30pm to 3.45pm under the same conditions as above.
6. Students at-risk to insect bites will be encouraged to stay away from water or flowering plants. The school will liaise with parents/carers to encourage students to wear long-sleeved garments and closed shoes when outdoors.
7. Students should keep drinks and food covered while outdoors.
8. Lawns and grass are mowed regularly, prior to school starting time.
9. Bins are covered.

During special events (e.g sports, incursions, class parties, cultural days)

1. If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
2. Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
3. Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
4. Food should not be used in activities or games, or as rewards.
5. Party balloons and swimming caps should not be used if a student is allergic to latex.

On School Excursions

1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local walk excursions such as Clubs activities e.g. Golf
2. A mobile phone must be taken on all excursions, including local excursions.
3. A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
4. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
5. The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer send an appropriate meal for their student.
6. Parents/carers may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the students.
7. Consider the potential exposure to allergens when consuming food on buses.
8. Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

On School Camps, or in remote settings

1. A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
2. Camps must be advised in advance of any students with food allergies.
3. Camps must be checked for mobile phone coverage. (Satellite phones may be an option to maintain communication access).
4. Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
5. Use of other substances containing allergens should be avoided where possible.
6. The student's signed out Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
7. Staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors must accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
8. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
9. Be aware of the local emergency services and know how to access them.
10. The Adrenaline Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
11. A backup Adrenaline Autoinjector for general use will be available in the first aid kit taken to camp.
12. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
13. Cooking and area and craft games should not involve the use of known allergens. Consider potential exposure to allergens when consuming food on buses and in cabins.
14. Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Goonawarra Primary School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the first aid room Anaphylaxis cupboard and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Goonawarra Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer and stored in a Medical Folder in the First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the anaphylaxis cupboard in the first aid room. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen

	<ul style="list-style-type: none"> Note the time the EpiPen is administered Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer as Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> Pull off the black needle shield Pull off grey safety cap (from the red button) Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) Press red button so it clicks and hold for 3 seconds Remove Anapen® Note the time the Anapen is administered Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face and eyes
- Hives or welts
- Abdominal pain, vomiting

SEVERE ALLERGIC REACTION OR ANAPHYLAXIS

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse throat
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and Floppy (young children)

Emergency Response Action in classroom(s)

- Stay Calm
- Stay with the child – sit or lay the child down
- Do not send child to Sick Bay
- Send for help
- Call the nearest adult to assist (this person needs to ensure office/first aid is notified and Adrenaline Autoinjector is on the way)
- Follow instructions on Action Plan
- Administer Adrenaline Autoinjector if required (note the time administered).
- Ensure defibrillator, other medications are available (general use Adrenaline Autoinjector and Ventolin)
- Call **000**
- Further Adrenaline (general use- ensure it is the same colour epipen as previously used) should be administered if there has been no improvement after **5** minutes.
- Apply **CPR** if required.

Emergency Response Action during special events (sports, incursions, class party and cultural days)

- Stay Calm
- Stay with the child – sit or lay the child down
- Do not send child to Sick Bay
- Send for help
- Call the nearest adult to assist (this person needs to ensure office/first aid is notified and Adrenaline Autoinjector is on the way)
- Follow instructions on Action Plan
- Administer Adrenaline Autoinjector if required (note the time administered).
- Ensure defibrillator, other medications are available (general use Adrenaline Autoinjector and Ventolin)
- Call **000**
- Have a staff member wait for Ambulance (unlocking relevant gates for access)
- Further Adrenaline (general use- ensure it is the same colour epipen as previously used) should be administered if there has been no improvement after **5** minutes.
- Apply **CPR** if required.

Emergency Response Action in the school yard

- Stay Calm
- Stay with the child – sit or lay the child down
- Do not send child to Sick Bay
- Send for help – Use 'A' card system – call the nearest adult to assist (this person needs to ensure the office/first aid officer is notified and the Adrenaline Autoinjector is on the way)
- Follow instructions on the Action Plan
- Administer the Adrenaline Autoinjector if required (note the time administered)
- Call **000**
- Further Adrenaline (general use ensure it is the same colour epipen as previously used) should be administered if there has been no improvement after **5** minutes.
- Apply **CPR** if required.

Emergency Response action School Excursions

- Stay Calm
- Stay with the child- sit or lay child down
- Follow Action Plan
- Follow instructions of the Adrenaline Autoinjector
- Administer Adrenaline Autoinjector (note time administered)
- Call **000**
- Ensure defibrillator and other medications are accessible (generic Adrenaline Autoinjector and Ventolin).
- Have a staff member wait for Ambulance
- Further Adrenaline (general use- ensure it is the same colour epipen as previously used) should be administered if there has been no improvement after **5** minutes.
- Apply **CPR** if required

Emergency Response action School Camps

- Stay Calm
- Stay with the child- sit or lay child down
- Follow Action Plan
- Follow instructions of the Adrenaline Autoinjector
- Administer Adrenaline Autoinjector (note time administered)
- Call **000**
- Ensure defibrillator and other medications are accessible (generic Adrenaline Autoinjector and Ventolin). Have a staff member wait for Ambulance (unlocking relevant gates for access)
- Further Adrenaline (general use- ensure it is the same colour epipen as previously used) should be administered if there has been no improvement after **5** minutes.
- Apply **CPR** if required.
- Advise camp operators of the incident.
- Advise parents and school as soon as possible.

Note: If in doubt, it is better to use an adrenaline autoinjector than not to use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Communication Plan

This policy will be available on Goonawarra Primary School's website so that parents and other members of the school community can easily access information about Goonawarra Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Goonawarra Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Goonawarra Primary Schools procedures for anaphylaxis management, this policy is accessible via the compass portal, a hard copy is available upon request. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff Training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Goonawarra Primary School uses the following training course for all staff: ASCIA eTraining course every two years, followed by a competency check by the Schools Anaphylaxis Supervisor that has accredited training with 22579VIC, 22578VIC or 10710NAT (through the Registered Training Organisation provided by DET every three years).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the Principal or School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures

- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

When a new student enrolls at Goonawarra Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- The Department's Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
 - [Annual Risk Management Checklist](#)
- [Action Plan for Anaphylaxis Epipen and Anapen](#)
- [Allergy & Anaphylaxis Australia: Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

ROYAL CHILDREN'S HOSPITAL FREE ANAPHYLAXIS ADVISOR LINE

Available from 8.30am - 5.00pm, Monday to Friday.

FOR PARENTS, TEACHERS & PRINCIPALS

1300 725 911 or (03) 9345 4235

- Health Care Needs

POLICY REVIEW AND APPROVAL

Policy last reviewed	Feb 2023
Approved by	Dolores Giordimaina Principal
Next scheduled review date	Feb 2024

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

ATTACHMENTS

Attachment 1: Roles and Responsibilities of Principal, Staff, Parent etc.

Attachment 2: Individual Anaphylaxis Management Plan

Attachment 3: Annual Risk Management Checklist

Attachment 4: ASICA Anaphylaxis Action Plan

(attachment 1, pg. 1)

THE ROLE AND RESPONSIBILITIES OF THE PRINCIPAL

- Principal will purchase up-to-date Adrenaline Autoinjectors as a back up to those supplied by parents.
- Principal will determine the number needed, and an appropriate place for storage
- The Principal has overall responsibility for implementing the school's Anaphylaxis Management Policy. The Principal should:
- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student.
- Request that parents provide an ASCIA Action Plan (Appendix6) that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain written consent to display a photo.
- Ensure that parents provide an up-to-date Adrenaline Autoinjector for the student.
- Ensure that staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Ensure that there are procedures in place for informing Casual Relief Teachers of students at risk of anaphylaxis, and the steps required for prevention and emergency response.
- Liaise with the Anaphylaxis Coordinator.
- Allocate time, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Autoinjectors regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review Student's Management Plan annually with parents/carers, and whenever circumstances change.

(attachment 1, pg. 2)

THE ROLE AND RESPONSIBILITIES OF ANAPHYLAXIS COORDINATOR

The Anaphylaxis Coordinator has a lead role in supporting the Principal and teachers to implement prevention and management strategies for the school. The Anaphylaxis Coordinator should:

- Liaise with the Principal
- Maintain an up to date register of students at risk of anaphylaxis.
- Inform all parents of children with Action Plans the identity and how they may contact the Anaphylaxis Coordinator
- Display all ASCIA Action Plans with medication and Adrenaline Autoinjectors in individually identified pouches, in the General Office.
- Provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Provide copies of all students' Individual Anaphylaxis Management Plans & ASCIA Action Plans to each teacher for their class rolls, to the Office, and the medical folder in first aid.
- Organise a letter home, separate to the newsletter, to inform all classmates of a child's allergy and ways to minimise risk.
- Maintain yard duty bags and ensure that Back up Adrenaline Autoinjectors are clearly marked
- Ensure ambulance cards are placed by appropriate phones.
- Maintain an up to date register of Adrenaline Autoinjectors, including regular checks for cloudiness and expiry dates.
- Inform parents/carers a month prior in writing if Individual Adrenaline Autoinjectors need to be replaced.
- Arrange training each three years, and a briefing each semester. Record the dates and participants. Arrange training which includes inside & outside drills.
- Arrange post-incident support to students and staff, if appropriate.
- Raise staff, student and community awareness of severe allergies

(attachment 1 pg.3)

THE ROLE AND RESPONSIBILITIES OF ALL SCHOOL STAFF

School Staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. The Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Ensure at-risk students, in particular, wash hands before eating. Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know the school's first aid emergency procedures and what their role is in responding to an anaphylactic reaction.
- Keep a copy of all students' Management and ASCIA Action Plans in the class roll and follow it in the event of an allergic reaction.
- Raise student awareness about severe allergies and foster a school environment that is safe and supportive of students at-risk of anaphylaxis.
- Be aware of and use the Anaphylaxis Record Book to sign in/out prior to all excursions, special days and local excursions.

Class teachers of students at risk of anaphylaxis should:

- Be very familiar with student's Management Plan
- Display students' ASCIA Action Plan prominently in front of class roll and follow it in the event of an allergic reaction.
- Meet with parents during first week of school, or as soon as practicable
- Liaise with parents prior to excursions, special days, sports days, parties etc. and camp
- Pass on updated information to Anaphylaxis Coordinator
- Use preventative strategies to minimise contamination in the classroom including hand washing, and regularly wiping down tables & surfaces.

(attachment 1 pg. 4)

THE ROLE AND RESPONSIBILITIES OF PARENTS/CARERS OF A STUDENT AT RISK OF ANAPHYLAXIS

The Parents/Carers should:

- Inform the school, at enrolment or when diagnosed, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the Principal to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan to the school that is signed by the student's current medical practitioner, and has an up to date photograph.
- Provide an Adrenaline Autoinjector and any other medications to the school.
- Replace the Adrenaline Autoinjector before it expires. Check it is appropriate for the student's weight (eg: Epipen Junior is only appropriate to 25kgs)
- Assist school staff in planning and preparing for the student prior to school camps, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

(attachment 2, pg. 1)

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent. It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year Level	
Severely allergic to:			
Other health conditions:			
Medication at school:			

EMERGENCY CONTACT DETAILS (PARENT/GUARDIAN)

Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Address:		Address:	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	

Work Phone:		Work Phone:	
Mobile:		Mobile:	
Address:		Address:	
Medical Practitioner Contact:	Name:		
	Phone:		
Emergency care to be provided at school			
Storage location for adrenaline autoinjector (device specific, EpiPen®, Anapen®)			

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identifies	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identifies	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identifies	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):

Date:

(attachment 3, pg. 1)

ANNUAL RISK MANAGEMENT CHECKLIST

(To be completed at the start of each year)

School name:		
Date of review:		
	Name:	
	Position:	
Review given to:	Name:	
	Position:	
Comments:		
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION A: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> online training (ASCIA anaphylaxis e-training) within the last 2 years, or accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	

a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Is a copy of the student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school	<input type="checkbox"/> Yes <input type="checkbox"/> No


registration.	
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	



(attachment 4, pg. 1)



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):
1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

For use with EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis






WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE AUTOINJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation


IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally


ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

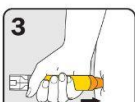
How to give EpiPen®

1 

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

2 

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

3 

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

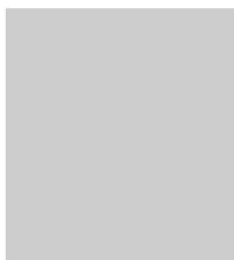
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

For use with **Anapen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE AUTOINJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

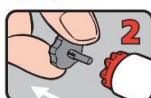
Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg