1. **Definition:**
   1.1. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
   1.2. Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
   1.3. A reaction can develop within minutes of the exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.
   1.4. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers.

2. **Rationale:**
   2.1. To provide, as far as practicable, a well-informed, safe and supportive environment in which anaphylactic students can participate equally in all aspects of schooling.

3. **Aims:**
   3.1. To minimise the risk of an anaphylactic reaction occurring at school;
   3.2. To ensure that all staff respond appropriately to an anaphylactic reaction, including competently administering an adrenaline auto-injection device and following the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan;
   3.3. To raise the school community's awareness of anaphylaxis and its management through education and policy implementation; and
   3.4. To acknowledge that Parkmore Primary School is allergy aware and practices age appropriate minimisation.

4. **Implementation:**
   4.1. The role of **parents/carers** of students at risk of anaphylaxis reaction is to:
      4.1.1. Inform staff, either on enrolment or diagnosis, of their child's diagnosis and its cause;
      4.1.2. Discuss prevention strategies with the school;
      4.1.3. Inform staff of any changes to their child’s medical condition or information provided on their child’s Anaphylaxis Management Plan;
      4.1.4. Provide staff with a complete and current auto-injection device and current Anaphylaxis Management Plan;
      4.1.5. Keep track of auto-injection device expiry date and replace the auto-injection device before it expires;
      4.1.6. Alert teachers before excursions and camps of their child’s allergies;
      4.1.7. Provide second auto-injection device to accompany their child on camps; and
      4.1.8. Comply with Parkmore Primary School policy that no child who has been prescribed an auto-injection device is permitted to attend Parkmore Primary School or its programs without that device.
   4.2. The role of a **nominated staff member** is to ensure that:
      4.2.1. The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s Anaphylaxis Management Policy.
      4.2.2. Every student at risk of anaphylactic reaction at Parkmore Primary School has an Anaphylaxis Management Plan and a current auto-immune injection device;
      4.2.3. Anaphylaxis Management Plans are updated and acknowledged at the beginning of each year or as and when required on notification of a change in the student's condition or medication;
      4.2.4. Adrenaline auto-injection devices are kept in medication boxes at the Office;
      4.2.5. Medication boxes are labelled with the student’s photo, allergens, medication expiry date and contain their Anaphylaxis Management Plan;
      4.2.6. They liaise with parents/carers of students identified as at risk of an anaphylactic reaction and review medication boxes to ensure that auto-injection devices are complete and have not expired and send reminder letters re expiry dates.
4.2.7. A copy of the Parkmore Primary School Anaphylaxis Management Policy is sent out at the beginning of the year to all students identified via Cases 21 as being at risk of an anaphylactic reaction;

4.2.8. An article is placed in the school newsletter at the beginning of each school year to alert the parent community to the fact that there are anaphylactic students attending our school and refer them to our Anaphylactic Management Policy;

4.2.9. A letter is sent home at the beginning of a new school year to all students in the class of a student identified as a risk of an anaphylactic reaction, informing parents/carers of this and making them aware of the nature of anaphylaxis and the need for their vigilance in minimizing the risk;

4.2.10. A “Students with a Significant Allergy” poster is updated yearly and when required to include all students at risk of an anaphylactic reaction. This poster will be displayed in all staffrooms, First Aid Room and distributed to all teachers for their reference. It should also be uploaded onto the intranet;

4.2.11. That staff are alerted to any changes in the “Students with a Significant Allergy” poster via a Medical Alert email;

4.2.12. All staff and CRTs have completed a current, Secretary approved “Course in First Aid Management of Anaphylaxis; and

4.2.12.1. That twice a year staff are briefed on:

4.2.12.2. The Anaphylaxis Management Policy;

4.2.12.3. The first aid and emergency response procedures;

4.2.12.4. How to use an auto-injecting device;

4.2.12.5. The causes, symptoms and treatment of anaphylaxis; and

4.2.12.6. The identities of students diagnosed at risk of anaphylaxis and where their medication is located.

4.2.13. An annual Risk Management checklist will be completed (see Appendix 1).

4.3. The role of staff is to:

4.3.1. Ensure that medication boxes accompany the student on camp/excursions. Medication boxes do not need to be taken for PE lessons;

4.3.2. Educate students on the nature of anaphylaxis;

4.3.3. Ensure they are able to recognise and respond appropriately to an anaphylactic reaction including competently administering an auto-injection device; and

4.3.4. Be familiar with the Anaphylaxis Management Policy.

4.4. The role of office staff is to:

4.4.1. Alert all CRT’s attention to the “Students with a Significant Allergy” poster in learning spaces and staffrooms.

4.4.2. Pass on any information received re Anaphylactic Students to the nominated staff member.

4.5. An Anaphylaxis Management Plan will include:

4.5.1. The student’s name, current year level and class;

4.5.2. A written action plan detailing allergen(s);

4.5.3. A current photograph of the student in Parkmore Primary School uniform;

4.5.4. The name, address and phone numbers of the student’s parents and doctor; and

4.5.5. Strategies if appropriate to minimize the risk of exposure to allergens at school or on excursions/camps.

4.6. Anaphylaxis Management Plans will be included in:

4.6.1. the student’s current class roll;

4.6.2. the student’s medication box; and

4.6.3. the “Students with a Significant Allergy” folder in the First Aid Room.

4.7. The line of responsibility for when a student suffers an anaphylactic reaction should allow for four staff members to:

4.7.1. Collect student’s auto-injection device;

4.7.2. Administer student’s auto-injection device;

4.7.3. Phone for MICA ambulance;

4.7.4. Contact parents; and

4.7.5. Direct ambulance to student.

5. Legislation:

5.1. Children’s Services Act 1996
5.2. Children’s Services Regulations 2009
5.3. Health Act 1958
5.4. Health Records Act 2001
5.5. Occupational Health & Safety Act 2004

6. **Resources:**
6.2. The Australasian Society of Clinical Immunology and Allergy (ASCIA) provides e-training and resources specific to anaphylaxis
   www.allergy.org.au
6.3. DEECD – Anaphylaxis Management/Practice Note 3/revised January 2011
6.4. DEECD – Anaphylaxis Model Policy – updated January 2011
6.5. Royal Children’s Hospital Allergy Centre Tel: 9345 5701
6.6. Anaphylaxis Australia Tel: 1300 728 000
   All retrieved 18 August 2011

7. **Evaluation:**
7.1. This policy will be reviewed as part of the school’s three-year review cycle.
   Review Date: 2017

This policy was last ratified by School Council in: **March 2014**
Appendix 1

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name: Parkmore Primary School
Address: Jolimont Road
          Forest Hill  VIC  3131
Date and Time of Review: 17 March 2014 @ 10:00
School Contact Name:
Position:
Review given to (Name): Andrew Popov
Position: Principal

1. How many current students are diagnosed with anaphylaxis
   ☐ YES ☐ NO
2. Have any students ever had an allergic reaction while at school?
   If ‘YES’, how many times?
   ☐ YES ☐ NO
3. Have any students had an Anaphylactic Reaction at school?
   If ‘YES’, how many times?
4. Has a staff member been required to administer an EpiPen® to a student?
   If ‘YES’, how many times?

Section 1 - Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1)
   ☐ YES ☐ NO
2. Are all Anaphylaxis Management Plans reviewed regularly with parents? (at least annually)
   2.1 Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings? During classroom activities, including elective classes?
       ☐ YES ☐ NO
   2.2 For excursions and camps
   2.3 Other
3. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)
   3.1 Where are they kept? In the First Aid Folder (First Aid Room) and with the individual’s EpiPen®
4. Do the ASCIA Action Plans have a recent photo of the student on them?
   ☐ YES ☐ NO

Comments:

Section 2 - Storage and Accessibility of the EpiPen®

1. Where are the student’s EpiPens stored? On the front counter in the General Office
2. How are the EpiPens stored? In labelled individual clear plastic boxes
3. Is the storage safe (out of reach of students)? □ YES □ NO

4. Is the storage unlocked and accessible to staff at all times? □ YES □ NO

5. Is the EpiPen® easy to find □ YES □ NO

6. Is a copy of each student’s ASCIA Action Plan kept together with their EpiPen®? □ YES □ NO

7. Are EpiPens and ASCIA Action Plans clearly labelled with each student’s name? □ YES □ NO

8. Has someone been designated to check the EpiPen’s expiry dates on a regular basis? □ YES □ NO

8.1 Who? Julie Milward – Business Manager

9. Has the school signed up to EpiClub (a free reminder service) □ YES □ NO

10. Do all staff know where the EpiPens and ASCIA Action Plans are stored? □ YES □ NO

11. Is there a spare EpiPen®? □ YES □ NO

11.1 If ‘YES’, what type of EpiPen®? There are 2 EpiPens. One is a regular type and the other is a Jnr

11.2 Where are they stored? On the front counter in the General Office

11.3 Are these EpiPens clearly labelled as ‘backup EpiPens’? □ YES □ NO

### Section 3 – Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis? □ YES □ NO

2. Has the school implemented any of the prevention strategies (Appendix 2 of the guidelines)? □ YES □ NO

2.1 If ‘YES’, which ones?

3. Is there always a trained staff member on yard duty? □ YES □ NO

4. How many staff have completed training?

### Section 4 – Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained? □ YES □ NO

2. Are all staff aware when there training needs to be refreshed? □ YES □ NO

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school’s first aid and emergency response procedures? □ YES □ NO

4. Have you planned how the alarm will be raised if an allergic reaction occurs □ YES □ NO

4.1 In the classroom? Internal phone call to the General Office □ YES □ NO

4.2 In the school yard Red card delivered to the General Office □ YES □ NO

4.3 At offsite events Red card delivered to First Aid Officer □ YES □ NO

5. Do the plans include who will call the Ambulance? Always the adult assisting First Aid or the General Office □ YES □ NO

6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? □ YES □ NO
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<tbody>
<tr>
<td>6.1</td>
<td>Who from a classroom?</td>
<td>Another teacher or ESSC staff member from the classroom unit</td>
</tr>
<tr>
<td>6.2</td>
<td>Who from the school yard?</td>
<td>Another yard duty teacher or a child</td>
</tr>
<tr>
<td>6.3</td>
<td>Who at an offsite event?</td>
<td>Another teacher or ESSC staff member</td>
</tr>
<tr>
<td>7.</td>
<td>Have you checked how long it will take to get the EpiPen® and Action Plan to a student from the various areas of the school?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>7.1</td>
<td>Junior Unit Classrooms</td>
<td>X minutes</td>
</tr>
<tr>
<td>7.2</td>
<td>Senior Unit Classrooms</td>
<td>X minutes</td>
</tr>
<tr>
<td>7.3</td>
<td>School Yard</td>
<td>X minutes</td>
</tr>
<tr>
<td>8.</td>
<td>On excursions and other offsite events is there a plan of who will look after the EpiPens?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>8.1</td>
<td>Who on excursions?</td>
<td>Designated First Aid Officer</td>
</tr>
<tr>
<td>8.2</td>
<td>Who on camps?</td>
<td>Designated First Aid Officer</td>
</tr>
<tr>
<td>8.3</td>
<td>Who on all other offsite events?</td>
<td>Designated First Aid Officer</td>
</tr>
<tr>
<td>9.</td>
<td>Is there a process for post incident support in place?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>10.</td>
<td>Have all staff been briefed on:</td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>the school’s Anaphylaxis Management Policy</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>10.2</td>
<td>the causes, symptoms and treatments for an anaphylaxis?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>10.3</td>
<td>the identities of students diagnosed at risk of anaphylaxis and where their medication is located?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>10.4</td>
<td>how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>10.5</td>
<td>the school's first aid and emergency response procedures?</td>
<td>☐ YES ☐ NO</td>
</tr>
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Section 5 – Communications with staff, students and parents / carers

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<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Is there a communication plan in place to provide information about anaphylaxis and the school’s policies to staff, students and parents / carers?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>2.</td>
<td>Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>3.</td>
<td>Do all staff know which students suffer from anaphylaxis?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>4.</td>
<td>Are there strategies in place to increase awareness about severe allergies among students?</td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
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Comments: