Purpose
At Jells Park Primary School we believe it is important that school staff and parents are confident about the management of students who have been identified by a medical practitioner as being at risk of an anaphylactic reaction. It is the school’s responsibility in consultation with the community to, where possible, minimise allergic reactions, recognise the symptoms and treat the symptoms quickly.
Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.
Anaphylaxis is a serious health issue for a percentage of the population and the Department recognises the key to preventing an anaphylactic reaction by a student is knowledge, awareness and planning.

Guidelines
• All students at risk of anaphylaxis will be identified, documented and their identity communicated to all staff.
• The school will develop risk minimization strategies and management strategies for the student.
• The school will ensure that each staff member has appropriate knowledge about allergies, anaphylaxis and the school’s policy and procedures to respond to an anaphylactic reaction. (Appendix 4)
• Parents are to provide relevant medical information from a doctor for inclusion on the management plan. The school requires that this information be updated at regular intervals.
• The staff will be given training in relation to the allergy and necessary treatment.
• A reasonable effort will be made to make sure that contact with allergens is avoided.
• All actions and procedures will reflect the ministerial order 706 (April 2014) requiring all schools to have an Anaphylaxis Management Policy.

Implementation
• All students at risk of anaphylaxis will be placed on an individual anaphylaxis management plan. (ASCIA Individual Anaphylaxis Management Plan - Appendix 1)
• Information about the student and their management plan with a photo will be kept in the first aid area, staff room (subject to parental consent), in yard duty folders and in the classroom roll.
• All Epipens will be stored in the designated cabinet of the school office.
• Epipens will be taken on all excursions, activities, sporting events and camps where a child with an anaphylaxis condition will be in attendance.
• Staff will liaise with campsite personnel to ensure adequate precautions and safety measures are instituted prior to the camp commencing.
• Whilst the student is under the care or supervision of the school, including excursions, yard duty, camps and special events, the Principal must ensure that there is sufficient staff present who have up to date training in anaphylaxis management.
• Where possible, a parent of an anaphylactic child will be invited to attend school camps.
• Individual anaphylaxis management plans will be updated annually, if the condition changes or immediately after the incidence of an anaphylactic occurrence.
• In any level that contains a student with an anaphylaxis condition, a letter of explanation and risk management strategies will be distributed to families (subject to parental consent).
• Identified students will not be isolated or excluded from any school activity unless the safety risks cannot be adequately addressed.
• Anaphylactic Emergency Procedures will be reviewed once a semester by all staff. These details will be kept in each Yard Duty Folder.
• The school’s First Aid procedures, and Emergency Management Plan, will be followed when responding to an anaphylactic response.
• All staff will receive anaphylaxis training and will review the Anaphylactic Emergency Procedures twice a year. (Appendix 2)
• The parent of an anaphylactic child must inform the School Canteen and Out of School Hours Care of their child’s allergy and the appropriate medical response.
• Hand washing should be encouraged for all staff and students - particularly after eating food.
• At risk students will not be permitted to share snacks or lunches with others.
• The school community will be encouraged not to donate packaging that has contained nut products.
• Staff will be vigilant in reviewing the contents of products used within the school. For example sunscreen, playdough and cooking oil.
• Children known to have anaphylactic conditions will be known by sight to all staff.
• Any child with an allergic condition will not be required to pick up any paper litter.
• The school will educate students and parents about anaphylactic issues through newsletter articles, notices and specific information sessions.
• The school will purchase spare (back-up) adrenaline auto-inject device(s) as part of the school’s first aid kit.
• The school will complete an Annual Anaphylaxis Risk Management Checklist (Appendix 3).

References

Appendix
• 1 – Individual Anaphylaxis Management Plan
• 2 - Anaphylactic Emergency Procedures
• 3 - Anaphylaxis Risk Management Checklist
• 4 – Medical Emergency Action Plan

Evaluation

This policy will be reviewed as part of the school’s four-yearly cycle of policy review, or earlier if required.
Appendix 2

Anaphylactic Symptoms
Symptoms of a severe anaphylactic reaction include;
- Difficulty breathing or noisy breathing.
- Rash or spots, which may look hive-like.
- Swelling of the tongue.
- Swelling/tightness in the throat.
- Difficulty talking and/or a hoarse voice.
- Wheezing or persistent coughing.
- Loss of consciousness and/or collapse.

Young children may appear pale and floppy.

Anaphylaxis Emergency Procedures

• Each Yard Duty teacher will be provided with a blue Epipen card in their First Aid bag. This is to be immediately sent to the office in an anaphylactic emergency.
• Each classroom teacher will have a blue Epipen card that is readily available that can be sent to the office in an anaphylactic emergency.
• Any staff member receiving a blue Epipen card will immediately take the Epipen to the child and ensure that 000 is called.
• The teacher in charge of a camp or excursion will be responsible for making contact with 000, after ensuring that the Epipen is appropriately administered. The school and parents of the child suffering the anaphylactic reaction will be contacted once the Epipen has been administered and 000 has been called.
## Appendix 3

### Annual Risk Management Checklist

| School Name: | 
| Date of Review: | 
| Who completed this checklist? | 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? ☐ Yes ☐ No

2. How many of these students carry their Adrenaline Autoinjector on their person? ☐ Yes ☐ No

3. Have any students ever had an allergic reaction requiring medical intervention at school? ☐ Yes ☐ No
   a. If Yes, how many times?

4. Have any students ever had an Anaphylactic Reaction at school? ☐ Yes ☐ No
   a. If Yes, how many students?
   b. If Yes, how many times

5. Has a staff member been required to administer an Adrenaline Autoinjector to a student? ☐ Yes ☐ No
   a. If Yes, how many times?

6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)? ☐ Yes ☐ No

### SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner? ☐ Yes ☐ No

8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)? ☐ Yes ☐ No

9. 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 ☐ Yes ☐ No
   b. In canteens or during lunch or snack times ☐ Yes ☐ No
   c. Before and after School, in the school yard and during breaks ☐ Yes ☐ No
   d. For special events, such as sports days, class parties and extra-curricular activities ☐ Yes ☐ No
   e. For excursions and camps ☐ Yes ☐ No
   f. Other ☐ Yes ☐ No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?
   - Yes [ ]
   - No [ ]
   
   a. Where are they kept?
   - Yes [ ]
   - No [ ]

11. Does the ASCIA Action Plan include a recent photo of the student?
   - Yes [ ]
   - No [ ]

### SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors

12. Where are the student(s) Adrenaline Autoinjectors stored?
   - Yes [ ]
   - No [ ]

13. Do all School Staff know where the School’s Adrenaline Autoinjectors for General Use are stored?
   - Yes [ ]
   - No [ ]

14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?
   - Yes [ ]
   - No [ ]

15. Is the storage safe?
   - Yes [ ]
   - No [ ]

16. Is the storage unlocked and accessible to School Staff at all times?
   - Yes [ ]
   - No [ ]
   
   Comments:
   - Yes [ ]
   - No [ ]

17. Are the Adrenaline Autoinjectors easy to find?
   - Yes [ ]
   - No [ ]
   
   Comments:
   - Yes [ ]
   - No [ ]

18. Is a copy of student’s Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student’s Adrenaline Autoinjector?
   - Yes [ ]
   - No [ ]

19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names?
   - Yes [ ]
   - No [ ]

20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?
   - Yes [ ]
   - No [ ]
   
   Who? ……………………………………………………………………………………………

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?
   - Yes [ ]
   - No [ ]

22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?
   - Yes [ ]
   - No [ ]

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?
   - Yes [ ]
   - No [ ]

24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School’s first aid kit(s)?
   - Yes [ ]
   - No [ ]

25. Where are these first aid kits located?
   - Yes [ ]
   - No [ ]

26. Is the Adrenaline Autoinjector for General Use clearly labelled as the ‘General Use’ Adrenaline Autoinjector?
   - Yes [ ]
   - No [ ]

27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?
   - Yes [ ]
   - No [ ]

### SECTION 3: Prevention Strategies

28. 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?
   - Yes [ ]
   - No [ ]

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?
   - Yes [ ]
   - No [ ]
<table>
<thead>
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<th></th>
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<th>Yes</th>
<th>No</th>
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<tr>
<td>30.</td>
<td>Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?</td>
<td></td>
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<td>31.</td>
<td>Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?</td>
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<td>32.</td>
<td>Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?</td>
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<td>33.</td>
<td>Do School Staff know when their training needs to be renewed?</td>
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<td>34.</td>
<td>Have you developed Emergency Response Procedures for when an allergic reaction occurs?</td>
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<tr>
<td>a.</td>
<td>In the class room?</td>
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<td>b.</td>
<td>In the school yard?</td>
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<td>c.</td>
<td>In all School buildings and sites, including gymnasiums and halls?</td>
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<td>d.</td>
<td>At school camps and excursions?</td>
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<td>e.</td>
<td>On special event days (such as sports days) conducted, organised or attended by the School?</td>
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<td>35.</td>
<td>Does your plan include who will call the Ambulance?</td>
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<td>36.</td>
<td>Is there a designated person who will be sent to collect the student’s Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?</td>
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<td>37.</td>
<td>Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:</td>
<td></td>
<td></td>
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<tr>
<td>a.</td>
<td>The class room?</td>
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<tr>
<td>b.</td>
<td>The school yard?</td>
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<td>c.</td>
<td>The sports field?</td>
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<td>38.</td>
<td>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?</td>
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<td>39.</td>
<td>Who will make these arrangements during excursions?</td>
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<td>40.</td>
<td>Who will make these arrangements during camps?</td>
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<tr>
<td>41.</td>
<td>Who will make these arrangements during sporting activities?</td>
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<td>42.</td>
<td>Is there a process for post incident support in place?</td>
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<td>43.</td>
<td>Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:</td>
<td></td>
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<tr>
<td>a.</td>
<td>The School’s Anaphylaxis Management Policy?</td>
<td></td>
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<td>b.</td>
<td>The causes, symptoms and treatment of anaphylaxis?</td>
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<td>c.</td>
<td>The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?</td>
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<td>d.</td>
<td>How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?</td>
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Anaphylaxis Management Policy
March 2014
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<td>e.</td>
<td>The School’s general first aid and emergency response procedures for all in-school and out-of-school environments?</td>
<td>☐ Yes ☐ No</td>
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<td>f.</td>
<td>Where the Adrenaline Autoinjector(s) for General Use is kept?</td>
<td>☐ Yes ☐ No</td>
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<td>g.</td>
<td>Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?</td>
<td>☐ Yes ☐ No</td>
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**SECTION 4: Communication Plan**

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<tr>
<th>44. Is there a Communication Plan in place to provide information about anaphylaxis and the School’s policies?</th>
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<tbody>
<tr>
<td>a. To School Staff?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>b. To students?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>c. To Parents?</td>
<td>☐ Yes ☐ No</td>
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<td>d. To volunteers?</td>
<td>☐ Yes ☐ No</td>
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<td>e. To casual relief staff?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<th>45. Is there a process for distributing this information to the relevant School Staff?</th>
<th>☐ Yes ☐ No</th>
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<tbody>
<tr>
<td>a. What is it?</td>
<td></td>
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46. How is this information kept up to date?

<table>
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<tr>
<th>47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?</th>
<th>☐ Yes ☐ No</th>
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<tr>
<td>48. What are they?</td>
<td></td>
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