ANAPHYLAXIS MANAGEMENT POLICY

Rationale:

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.

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. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® or Anapen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Aims:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student’s schooling.
- To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

Implementation:

- Individual Anaphylaxis Management Plans

The principal will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

Note: Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place.

- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student.

The student’s individual management plan will be reviewed, in consultation with the student’s parents/ carers:

- annually, and as applicable,
- if the student’s condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child’s medical condition changes, and if relevant provide
- an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Note: a management template is an appendix to this policy.

Communication Plan:

Note: Page 15 of the Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

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.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed and their role in responding to an anaphylactic reaction by a student in their care by (Matt Bott AP Daily Organisation)

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school’s anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school’s first aid and emergency response procedures

Note: A DVD has been included in this information pack that can be used for this purpose at staff briefings.

**Staff Training and Emergency Response:**

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrols. Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The school's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**First-time reactions:**

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering the autoinjector for general use.

**Purchase of adrenaline autoinjector for general use:**

The school will purchase an appropriate number of additional adrenaline autoinjector device(s) for general use and as a back-up to those supplied by parents/carers. Noting the following:

- The two most common brands of autoinjector available in Australia are EpiPen® and Anapen®. Children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®Jr. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.
- the availability and sufficient supply of adrenaline autoinjector devices for general use in each location at the school
- the availability and sufficient supply of adrenaline autoinjector devices for general use for excursions, camps and offsite activities
• the adrenaline autoinjector devices for general use will have a limited life, will usually expire within 12 months, and will need to be replaced on a regular basis.

**Anaphylaxis Risk Management Checklist:**

The school will complete an Annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and these Guidelines. Note: A risk assessment tool is an appendix to this policy.

Appendix 1. Risk Assessment template
Appendix 2. Individual Anaphylaxis Management Plan template

**Evaluation:**
This policy is required to be reviewed every three years or when changes are made to DEECD guidelines, by School Council.

**Key Person responsible for development of the Policy:**
Principal and Education Policy Sub-Committee

This policy was last ratified by School Council in.... May 2013

Appendix 1.
ANAPHYAXIS RISK MANAGEMENT CHECKLIST

School Name:

Primary / Secondary (Please Circle): Primary ○ Secondary ○

Location / Address:

Date of Review:  
Time:

School Contract Person: Name:  
(Who provided information collected)

Position:

Review given to: Name:  
(if different from above)

Position:

Comments:

1. How many current students have been prescribed (and carry) an adrenaline auto injector?

2. Have any students ever had an allergic reaction while at school? Yes ○ No ○
   If Yes, how many times?
   If Yes, how many students?

3. Have any students ever had an Anaphylactic Reaction at school? Yes ○ No ○
   If Yes, how many students?
   If Yes, how many times

4. Has a staff member been required to administer an adrenaline auto injector to a student? Yes ○ No ○
   If Yes, how many times?

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan signed by a medical practitioner in place (see Chapter 6 and Appendix 1, Anaphylaxis Guidelines for Victorian Schools)? Yes ○ No ○
2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?

Yes ☐ No ☐

3. Do the Anaphylaxis Management Plans 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 ☐

- In canteens or during lunch or snack times
  - Yes ☐ No ☐

- Before and after school, in the school yard and during breaks
  - Yes ☐ No ☐

- For special events, such as sports days, class parties and extra-curricular activities
  - Yes ☐ No ☐

- For excursions and camps
  - Yes ☐ No ☐

Other

4. Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at school (provided by the parent)?

Yes ☐ No ☐

Where are they kept?

5. Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them?

Yes ☐ No ☐

SECTION 2: Storage and Accessibility of adrenaline auto injectors

1. Where are the students' adrenaline auto injectors stored?

2. Are the adrenaline auto injectors stored at room temperature?

3. Is the storage safe (out of reach of students and not refrigerated)?
   - Yes ☐ No ☐

   Is the storage unlocked and accessible to staff at all times?
   - Yes ☐ No ☐

   Comments

   Are the adrenaline auto injectors easy to find?
   - Yes ☐ No ☐

   Comments

4. Is a copy of students' ASCIA Emergency Action Plan for anaphylaxis kept together with their student’s adrenaline auto injector?

Yes ☐ No ☐

Comments
5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students' names?  
   [Yes ☑  No ☐]  
   **Comments**

6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?  
   [Yes ☑  No ☐]  
   Who?  
   **Comments**

7. Has the school signed up to EpiClub or Ana-alert (free reminder services)?  
   [Yes ☑  No ☐]  

8. Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored?  
   [Yes ☑  No ☐]  
   **Comments**

9. Is there an adrenaline auto injector for general use in the school’s first aid kit?  
   [Yes ☑  No ☐]  
   **If Yes, where is it located?**

10. Is this device clearly labelled as the ‘General Use’ adrenaline auto injector?  
    [Yes ☑  No ☐]

**SECTION 3: Prevention Strategies**

1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis?  
   [Yes ☑  No ☐]

2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?  
   [Yes ☑  No ☐]

3. Is there always a staff member on yard duty with current training in anaphylaxis emergency management?  
   [Yes ☑  No ☐]

**SECTION 4: Training and Emergency Response**

1. Have all staff attended a twice yearly briefing?  
   [Yes ☑  No ☐]

2. Have you developed an Emergency Response Plan for when an allergic reaction occurs?  
   [In the class room?  
   Yes ☑  No ☐]  
   [In the school yard?  
   Yes ☑  No ☐]  
   [At school camps and excursions?  
   Yes ☑  No ☐]  
   [On special event days, such as sports days?  
   Yes ☑  No ☐]
### Does your plan include who will call the Ambulance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3. Is there a designated person who will be sent to collect the student’s adrenaline auto injector and ASCIA Emergency Action Plan?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4. Have you checked how long it will take to get to the adrenaline auto injector and ASCIA Emergency Action Plan to a student from various areas of the school including:

<table>
<thead>
<tr>
<th>The classroom?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school yard?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The sports field?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

5. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injector(s) are correctly stored and available for use?

<table>
<thead>
<tr>
<th>Who will do this on excursions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who will do this on camps?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Who will do this on sporting activities?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

6. Is there a process for post incident support in place?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### Comments

7. Have all staff been briefed on:

<table>
<thead>
<tr>
<th>The school’s Anaphylaxis Management Policy?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The causes, symptoms and treatment of anaphylaxis?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The identities of students who carry an adrenaline auto injector and where their medication is located?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The school’s first aid and emergency response procedures?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Where the adrenaline auto injector for general use is kept?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When the adrenaline auto injector for general use can be administered?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### SECTION 5: Communicating with Staff, students and parents/carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>To staff?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To students?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>To parents/carers?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### SECTION 5: Communicating with Staff, students and parents/carers

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Are there procedures in place for informing casual relief teachers of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>students at risk of anaphylaxis and the steps required for prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and emergency response?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Do all staff know which students suffer from anaphylaxis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. How is this information kept up to date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Are there strategies in place to increase awareness about severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>allergies among students?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 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 provided by the parent/carer.

<table>
<thead>
<tr>
<th>Student’s name:</th>
<th></th>
<th>Date of birth:</th>
<th>Year level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severely allergic to:</td>
<td></td>
<td>Other health conditions:</td>
<td></td>
</tr>
<tr>
<td>Medication at school:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer Contact:</th>
<th>Parent/Carer Information (1)</th>
<th>Parent/Carer Information (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
<td>Home phone:</td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work phone:</td>
<td>Work phone:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td>Address:</td>
</tr>
</tbody>
</table>
Other emergency contacts (if parent/carer not available):

Medical practitioner contact:

Emergency care to be provided at school:

EpiPen® storage:

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on 

...........................................................

Signature of parent: Date:

Signature of principal (or nominee): Date:

---

**Strategies To Avoid Allergens**

<table>
<thead>
<tr>
<th>Student’s name:</th>
<th>Date of birth:</th>
<th>Year level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe allergies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other known allergies:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>