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 the school. Adrenaline given through an EpiPen® 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.

The key reference and support for Karingal Heights regarding anaphalaxis is the DEECD Anaphalaxis Guidelines

Implementation:
- 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 enrols and where possible before their first day at the 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 of the Anaphylaxis Guidelines 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.

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• 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.
  • Provide an Epi Pen, Anapen or similar as described in ASCIA Plan.

COMMUNICATION PLAN
• 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 of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student wellbeing officer.
• Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction
• The community will be informed of anaphylaxis and the need to minimise exposure to potential allergens by simple whole school rules such as not allowing food sharing, and restricting food to that approved by parents keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.
• The school won’t ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children’s Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.

All staff will be briefed each year or upon the enrolment of a new student with Anaphylaxis 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

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.

Note: A risk assessment tool has been included in this information pack to assist principals and can be downloaded from DEECD Health Support Planning Policy

• Training will be provided to these staff as soon as practicable after the student enrolls.
• 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.

Appendices:
• Anaphylaxis Risk Management Checklist
• Anaphylaxis Management Plan

This policy was last ratified by School Council on October 30th, 2014
References:

- DEECD Anaphylaxis Policy
- DEECD Health Support Planning Policy
ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name
Address:

Date of Review: Time:

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

Position:

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

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis? ..........................................

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

3. Have any students had an Anaphylactic Reaction at school? YES □ NO □
   If Yes, how many times?

4. Has a staff member been required to administer an EpiPen® to a student? YES □ NO □
   If yes, how many times?

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

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 and Appendix 1, Anaphylaxis Guidelines)?
   YES □ NO □

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?
   YES □ NO □

3. 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 □
   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 excursions, sport days, class parties and extra curricular activities?
   YES □ NO □
   For excursions and camps
   YES □ NO □

   Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided
   by the parent)?
   YES □ NO □

5. Where are they kept? ...........................................................................................................

6. Do the anaphylaxis action plans have a recent photo of the student with them? YES □ NO □

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Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen’s® Stored?

2. How are the EpiPens® stored?

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 ☐

Comments

5. Is the EpiPen® easy to find?
   YES ☐ NO ☐

Comments

6. Is a copy of students’ ASCIA Action Plans kept together with their EpiPen®?
   YES ☐ NO ☐

Comments

7. Are EpiPen’s® and Action Plans clearly labelled with students’ names?
   YES ☐ NO ☐

Comments

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

Who?..........................................................................................................................

Comments

9. Has the College signed up to EpiClub (a free reminder service)?
   YES ☐ NO

Comments

10. Do all staff know where the EpiPens® and Action Plans are Stored?
    YES ☐ NO

Comments

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

If Yes, what Type?........................................................................................................

Comments

12. Where is it stored?

13. Is it clearly labelled as the ‘backup EpiPen®’?
    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 (in Appendix 2 of the Guidelines)?
   YES ☐ NO ☐

3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty?
   YES ☐ NO ☐

6. How many staff have completed training?.........................................................

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**Section 4 Training and Emergency Response**

1. Have all staff responsible for the care of students with anaphylaxis been trained? 

   - **YES** ○ **NO** ○

2. When does their training need to be renewed? 

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? 

   - In the class room? ○
   - How? ○
   - In the school yard? ○
   - How? ○
   - At school camps and excursions? ○
   - How? ○
   - On special event days, such as sports days? ○

5. Does your plan include who will call the Ambulance? 

   - How? ○

6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? 

   - Who will this be when in the class room? ○

   - Who will this be when in the school yard? ○

   - Who will this be at sporting activities? ○

7. Have you checked how long it will take to get to the EpiPen® and Action Plan to a student from various areas of the school? 

   - How long? ○
   - When in the class room? ○
   - How long? ○
   - When in the school yard? ○
   - How long? ○
   - When at sports fields? ○
   - How long? ○

8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan? 

   - Who will do this on excursions? ○

   - Who will do this on camps? ○

   - Who will do this on sporting activities? ○

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

   - **YES** ○ **NO** ○

10. Have all staff been briefed on:- 

    - the school’s Anaphylaxis Management Policy? ○
    - the causes, symptoms and treatments of anaphylaxis? ○
    - the identities of students diagnosed at risk of anaphylaxis and where their medication is located? ○
    - how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device ○
    - the school’s first aid and emergency response procedures ○

This policy was last ratified by School Council on October 30th, 2014
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 to staff, students and parents / carers
   YES ☐ NO ☐

2. 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?
   YES ☐ NO ☐
   Comments

3. Do all staff know which students suffer from anaphylaxis?
   YES ☐ NO ☐
   Comments

   How is this information kept up to date?

4. Are there strategies in place to increase awareness about severe allergies among students?
   YES ☐ NO ☐
   Comments

This policy was last ratified by School Council on October 30\textsuperscript{th}, 2014
Anaphylaxis Management Plan

Cover Sheet

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>SCHOOL</th>
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<tbody>
<tr>
<td>Phone Number</td>
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<td></td>
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<tr>
<td>Date of birth:</td>
<td>Year level:</td>
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<td>Severely allergic to:</td>
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<td>Other health conditions:</td>
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<td>Parent/carer information (2)</td>
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<tr>
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<td>Address:</td>
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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 ............................................................
(insert date of proposed review).

Signature of parent: Date:

Signature of principal (or nominee): Date:

This policy was last ratified by School Council on October 30th, 2014
### Strategies To Avoid Allergens

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