



## **Glendal Primary School 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.

Signs and symptoms of a mild to moderate allergic reaction can include swelling of the lips, face and eyes, hives or welts and tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include difficult/noisy breathing, swelling of the tongue, difficulty talking and/or hoarse voice, a wheeze or persistent cough, persistent dizziness or collapse, a pale or floppy appearance and 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.

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 auto injector to the muscle of the outer mid -thigh is the most effective 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.

### **Guidelines**

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.

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school will:

- 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.
- raise awareness about anaphylaxis and the school's anaphylaxis policy in the school community.
- engage with parents/caretakers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- ensure that each staff member is adequately trained and has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

### **Implementation:**

The Principal with the school nurse will establish a school management plan in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. This plan will include implementation strategies and processes to ensure a safe and supportive environment for students 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.

Note: The red and blue 'Australasian Society Clinical Immunology Allergy (ASCI) Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will set out the following:

- 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.

The school will:

- 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 Anaphylaxis Plan for the student. This includes documenting practical strategies for in school and out of school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that Parents provide an Australasian Society Clinical Immunology Allergy (ASCI) Action Plan that has been signed by the student's medical practitioner and has an up-to-date photograph of the student.
- Ensure that parents provide the student's EpiPen and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide appropriate and mandated training and information to all staff so that they are aware of, and can manage, students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures (Ministerial Order 706 and the associated Guidelines).
- 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.
- Discuss with our external canteen provider the implications of anaphylaxis and food handling practices.
- Allocate time during staff meeting time to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Staff will practise using the EpiPen 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 the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with the parents.
- Provide ongoing education to staff and the wider community through pamphlets, newsletter articles and posters.

### **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 school nurse and displayed in the Health Centre. 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"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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 Health Centre</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.

### 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. Staff should:

- know the identity of students who are at risk of anaphylaxis.
- understand the causes, symptoms, and treatment of anaphylaxis.
- obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- store the student's EpiPen® in a known place within the Health Centre. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- ensure that the student takes his/her EpiPen to excursions and camps with them.
- know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/carers to provide appropriate treats for the student.
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- be careful of the risk of cross-contamination when preparing, handling and displaying food.
- make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

#### The School Nurse will:

- Take a lead role in supporting all staff to implement prevention and management strategies for the school.
- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students' emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Check that the EpiPen® is not cloudy or out of date regularly, e.g. at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the EpiPen® needs to be replaced.
- Ensure that the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
- Provide up-to-date colour photographs of students at risk of anaphylaxis on a card to be kept in Yard Duty bags and to be sent to the office in the case of an emergency.
- Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.

#### Parents/Carers will:

- Inform the school, either at enrolment or diagnosis, 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 school to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, 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.

#### Risk Minimisation and Prevention Strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on the student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by school staff when trying to satisfy this duty of care.

Set out below are a range of specific strategies which, as a minimum, should be considered by school staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. It is recommended that school staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at Glendal Primary School, and the general environment. Where relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines. The selected prevention strategies must be specified in the Anaphylaxis Management Policy. This includes any other strategies developed by the school staff but which are not contained in these Guidelines.

### In-School Settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general School environment.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy 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.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks, etc. are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.

7. Students should keep drinks and food covered while outdoors.

#### Special Events (e.g. Sporting Events, In-School Visits, etc.)

1. If a school has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff should avoid using food in activities or games, including as rewards.
3. For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5. Party balloons should not be used if any student is allergic to latex.

#### Out-of-School Settings

It is recommended that School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

#### Travel to and From School by Bus

1. School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

#### Excursions/Sporting Events

1. If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5. For each field trip, excursion, etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.  
All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6. The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
8. Prior to the excursion taking place school staff should consult with the student's parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

## Camps and Remote Settings

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
6. If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, we should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Products that 'may contain' traces of nuts may be served at camps, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place school staff will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
13. Schools should consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
14. The school will purchase at least two Adrenaline Autoinjectors for General Use to be kept in the Health Centre and include this as part of the Emergency Response Procedures.
15. The Adrenaline Autoinjector should remain in the Health Centre and school staff must be aware of its location at all times.
16. The Adrenaline Autoinjector should be carried in the school first aid kit; however, the school will consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17. 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.
18. Cooking and art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.



## Overseas Travel

1. Review and consider the strategies listed under 'Field Trips/Excursions/Sporting Events' and 'Camps and Remote Settings'. Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
2. Investigate the potential risks at all stages of the overseas travel such as:
  - travel to and from the airport/port;
  - travel to and from Australia (via aeroplane, ship, etc.);
  - various accommodation venues;
  - all towns and other locations to be visited;
  - sourcing safe foods at all of these locations; and
  - risks of cross contamination, including -
    - exposure to the foods of the other students;
    - hidden allergens in foods;
    - whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and
    - whether the other students will wash their hands when handling food.
3. Assess where each of these risks can be managed using minimisation strategies such as the following:
  - translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;
  - sourcing of safe foods at all stages;
  - obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
  - obtaining emergency contact details; and
  - sourcing the ability to purchase additional autoinjectors.
4. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5. The school will plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
  - there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
  - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
  - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
  - staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6. The school will re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
  - dates of travel;
  - name of airline, and relevant contact details;
  - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
  - hotel addresses and telephone numbers;
  - proposed means of travel within the overseas country;
  - list of students and each of their medical conditions, medication and other treatment (if any);
  - emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
  - details of travel insurance
  - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
  - possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.



## Work Experience

1. As far as possible, the school will involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.  
It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:
  - it can create complacency among staff and students;
  - it does not eliminate the presence of hidden allergens; and
  - it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

## Purchasing Adrenaline Autoinjectors

- The school will purchase additional Adrenaline Autoinjector(s) for General Use, and as a back up to Adrenaline Autoinjectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis.
- The school will purchase at least 2 Adrenaline Autoinjectors of each size for General Use Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300; children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
  - Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

## Staff Training and Briefing Requirements

School Staff must:

- successfully complete a the ASCIA Anaphylaxis eTraining Course every three years and be assessed against and pass the Anaphylaxis Management Competency Checklist; and
- participate in a briefing, to occur twice each calendar year, with the first briefing to be held at the beginning of the school year, on:
  - the Glendal's Anaphylaxis Management Policy;
  - causes, symptoms and treatment of anaphylaxis;
  - the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
  - the school's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use (i.e. the Health Centre, Science and Library buildings).

The briefing must be conducted by a member of the School Staff who has current anaphylaxis training. For the purposes of these Guidelines, and the Order, this means that the member of the School Staff has successfully completed an Anaphylaxis Management Training Course in the previous 12 months. A record of staff training courses and twice yearly briefings will be maintained by an Assistant Principal.

## Communication Plan

- The Communication Plan is designed to ensure that information is provided to all school staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.
- The school community will be provided with information via the school's website, the school newsletter and specific notices sent home to families.
- This Anaphylaxis Management Policy will be uploaded on the school's website.
- School staff will be provided with information regularly at staff meetings and via email, class information folders and the weekly school memo. Training of all staff will occur twice each year.
- Volunteers and Casual Replacement teachers and staff will be provided with information via the CRT manual and the school office.
- Extracurricular programs provided by educational agencies, e.g. Chess, Kelly sports, Chinese and drama will be informed via the school office and will be informed of at risk children in their class and of our school procedures.

**Resources**

See the Department's Policy and Advisory Library (PAL):

- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Health Care Needs Policy](#)
- [First Aid Policy](#)

**Evaluation**

This policy was reviewed 22<sup>nd</sup> July, 2021, and will be reviewed on an annual basis.