The Royal Children’s Hospital Anaphylaxis Advice Line will provide support on queries and issues relating to anaphylaxis, and particularly on anaphylaxis risk assessments, preparation of individual management plans, emergency response plans and awareness raising strategies. The support line can be accessed on weekdays between 8:30am and 5:00pm by telephone on 9345 4235 or 1300 725 911.

Rationale:
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Certain foods and insect stings are the most common causes of anaphylaxis. Foods include peanuts, tree nuts (hazelnuts, cashews, and almonds), egg, strawberries, citrus, cow’s milk, wheat, soy, fish and shellfish. Other common allergens are insect stings, latex, medications and anaesthesia. Some signs and symptoms of anaphylaxis can include swelling of lips, face or eyes, hives or welts, abdominal pain and or vomiting, difficulty breathing, swelling of the tongue, tightness or swelling in the throat, difficulty talking or breathing or loss of consciousness or collapse. Young children may appear pale or floppy.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as being 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.

Aims:
- To provide, as far as possible, a safe and supportive environment in which students at risk of anaphylaxis, can participate equally in all aspects of students schooling.
- To raise awareness about anaphylaxis and the school’s Anaphylaxis Management Policy in the school community.
- To engage with parents/guardians 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:
- The school discourages food containing nuts being brought to school.
- If the school offers food for special occasions, it will not sell or provide food containing ‘nut’ products.
- If a teacher has a child with risk of having an anaphylactic reaction in their class, the teacher is required to be familiar with the child’s Individual Management Plan.
- A statement is placed on the front cover of the classroom roll, to alert any teacher or Casual Replacement Teacher (CRT) about any child who may be at risk of having an anaphylactic reaction. A copy of the child’s Individual Management Plan (including details of the diagnosis and type of allergy/allergies) to also be placed in the roll.
- A copy of a child’s Individual Management Plan (including details of the diagnosis and type of allergy/allergies) will be included in the classroom CRT Folder.
• A copy of all students’ Individual Management Plans to be displayed in the Sick bay and a copy kept in the blue folder located in the General Office.

• A copy of Management Plans for all children is given to Specialist Teachers.

• School to purchase two extra adrenaline auto injectors for general use

• For children enrolled in OSHC, parents must provide a management plan and epi-pen (clearly marked with child’s name) to be stored in OSHC room.

• All staff will be trained in Anaphylaxis Management. This training will be valid for a period of three years provided that the school meets the requirements of Section 8 (d) of Ministerial Order 706; to provide a briefing on anaphylaxis training twice per year to all staff including those who have received training. Practice at using a “dummy” Epi pen/Ana pen will occur yearly with staff

• If a child has an anaphylactic reaction and does not have an Epi-pen/Ana pen then the school’s spare one will be used. This will be stored in the cupboard in the Sick Bay. Each year a review of total number of students at risk of anaphylaxis will determine the number of back up epi-pens to be kept at the school.

• A member of the School Leadership or Administration will coordinate the allocation of responsibilities associated with the anaphylactic reaction.

• All staff to familiarise themselves with the “Anaphylactic Information Emergency sheet”

• An individual management plan is developed prior to a child starting at Altona Green Primary School. Individual Anaphylaxis Management Plans are to be reviewed with parents annually.

• In an event of an anaphylactic reaction the school’s first aid and emergency procedures will be actioned based on the child’s individual management plan

• OSHC children are under Camp Australia and need to adhere to the Anaphylaxis Management Plan.

• If a child is identified as being at risk of having an anaphylactic reaction the following steps must be implemented (See Appendix A).

• Procedure for Camps/Excursions/Activities off site (See Appendix B).

• Individual Student Insulated Epi-pen bags will contain the following (See Appendix C).

• Managing an Anaphylactic Child in the classroom (See Appendix D).

• Anaphylaxis Risk Management Checklist to be completed on an annual basis. (See Appendix E)

Review:
The Anaphylaxis Policy will be reviewed annually and in line with Ministerial Order 706. 
Endorsed by School Council: May 2015
APPENDIX A

If a child is identified as being at risk of having an Anaphylactic reaction the following steps must be implemented:

Person A:  **Contact the General Office then stay with, and manage the child.**

- If the reaction happens in the building, contact the office by phone and send another child to the office with a blue card.
- If the reaction happens in the playground, make contact with the office with the ‘Code blue’ card located in the Yard Duty Bag.

Person B:  **Collect student’s individual bag from the First Aid Room and proceed to the child, to administer the epi-pen.**

- Any person administering an epi-pen must have completed an ‘epi-pen training’ session provided by an appropriate provider.
- Whenever an epi-pen is administered an ambulance must be called.
- Where a child experiences an anaphylactic reaction the child will be injected with their epi-pen.
- If you need to administer another amount of Adrenaline (as advised by an ambulance officer) you can use the spare one located in the first aid room.
- Epi-pens should always be in date. Keep a record of the expiry date.

*Note: If an epi-pen is administered unnecessarily it is not life threatening. The child will simply experience racing of the heart for 15-20 minutes.*

Person C:  **Responsible for contacting the MICA Ambulance.**

- The exact procedure/steps as outlined on the Emergency Ambulance sheet must be followed.
- The ambulance is to always be directed to the front entrance of the school.
- Contact the child’s parent/s/guardian/s after the ambulance has been called. Person A to let carer know the ambulance has been called and on its way.

Person D:  **Responsible for general ‘crowd control/supervision’**.

- This may be a yard duty teacher or teacher from an adjoining area/classroom.

Person E:  **Responsible for meeting the ambulance at the front entrance to the school.**

- Designated person to wait at the front of the school to direct the ambulance officers to the child.

APPENDIX B

Procedure for Camps/Excursions/Activities off site.

- For any known anaphylactic child their medication (individual pack) must be taken on all activities away from the school site (Packs are kept in the cupboard in the First Aid Room).
• Ensure at least one adult attending the activity, has completed the required training of how to administer an epi-pen.

• In the event of an anaphylactic reaction, the same steps as per the School Management Plan are implemented.

• The person in charge of the activity, is responsible for allocating designated roles i.e. Person A, Person B etc.

• A mobile phone must be taken on all activities away from the school site.

• Where a child at risk of having an anaphylactic reaction is attending a camp, the Camp Coordinator is responsible for contacting the camp to advise them of the particular allergy/allergies, to ensure the child’s food requirements are met.

• Depending on the situation some foods may need to be excluded from the camp menu.

• Organisers of camps are advised to consider inviting the parent of the child at risk to attend the Camp.
APPENDIX C

Individual Student Insulated Epi-pen/Ana-pen Bags will contain the following:

- Child’s Epi-pen/A na-Pen or medication.
- A copy of the child’s Management plan.
- In the event of an anaphylactic reaction, the time of administering the epi-pen will be recorded on the child’s Epi-pen/A na-pen box.
- A black permanent texta.
- A copy of instructions on, “How to administer an epi-pen/A na-pen”.

Each bag contains a child’s photograph, name, and year level and room number.
APPENDIX D

Managing an Anaphylactic Child in the classroom

- It is the classroom teacher’s responsibility to familiarize themselves with an anaphylactic child’s Individual Management plan and to alert all Specialist teachers.

- A letter should be sent to all families of the class and any adjoining rooms at the start of each school year/or when the child is enrolled/diagnosed, advising them of the presence of an anaphylactic child in the class and the implications for food consumed at recess and lunchtimes, in class parties and general treats.

- See sample letter (on next page).

- If undertaking cooking activities please double check the appropriateness of ingredients in relation to the anaphylactic child in your classroom. Parents are to be advised if cooking is planned as part of the classroom program.

- Discuss with the children in your class all aspects of management of an anaphylactic child in relation to their peers i.e. not sharing food.

- Request parents not to provide peanut butter sandwiches or food/product containing nuts as part of their child’s snacks/lunches.

- The Art Teacher and SAKG needs to be aware of possible reactions children can have from a range of products. Please alert the Art teacher of the following;
  - some paints and glues contain ‘egg’ factors,
  - avoid cereal boxes in box construction activities where the contents have included nuts,
  - do not use egg cartons for children allergic to eggs,
  - some shaving creams contain peanut oils as a base,
  - do not use peanut oil to make play dough.

- The SAKG teacher will add planned recipes to the school website for parent access. Where possible, menus can be accommodated where appropriate.
Dear Parents/Guardians,

This letter is to advise you that a child in your child’s class or adjoining classroom suffers from Anaphylaxis Reaction. Essentially this means that they have a severe reaction to nuts and nut products. They cannot eat any food containing nuts such as peanuts, peanut butter or Nutella.

Children can have mild reactions to eating nuts or they can have a reaction which can become life-threatening and it may progress very quickly.

We request that you do not send nut food in your child’s lunch or snacks. All children at Altona Green Primary are not allowed to bring food of any kind to share, this includes birthday celebrations.

All children in the class are made aware of this issue and the teachers are aware of the appropriate response to a child who may have a reaction.

Thank you for your attention to this matter.

Regards

Karen O’Dowd
Principal
### APPENDIX E

**ANAPHYLAXIS RISK MANAGEMENT CHECKLIST**

<table>
<thead>
<tr>
<th>School Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary / Secondary (Please Circle):</td>
<td>Primary ○ Secondary ○</td>
</tr>
<tr>
<td>Location / Address:</td>
<td></td>
</tr>
<tr>
<td>Date of Review:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>School Contract Person: Name:</td>
<td>(Who provided information collected)</td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Review given to: Name:</td>
<td>(if different from above)</td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

1. How many current students have been prescribed (and carry) an adrenaline auto injector? Yes ○ No ○
2. Have any students ever had an allergic reaction while at school? If Yes, how many times? Yes ○ No ○ If Yes, how many students? Yes ○ No ○
3. Have any students ever had an Anaphylactic Reaction at school? If Yes, how many students? If Yes, how many times Yes ○ No ○
4. Has a staff member been required to administer an adrenaline auto injector to a student? If Yes, how many times? Yes ○ No ○

**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 in-school and out of class settings? Yes ○ No ○
During classroom activities, including elective classes

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

In canteens or during lunch or snack times

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

Before and after school, in the school yard and during breaks

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

For special events, such as sports days, class parties and extra-curricular activities

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

For excursions and camps

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

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)?

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

Where are they kept?

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

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

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)?

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

Is the storage unlocked and accessible to staff at all times?

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

Comments

Are the adrenaline auto injectors easy to find?

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

Comments

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

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

Comments

5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students’ names?

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

Comments

6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?

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

Comment

Who?
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?
     - Yes ☑
     - No ☑

3. Is there a designated person who will be sent to collect the student’s adrenaline auto injector and ASCIA Emergency Action Plan?
   - Yes ☑
   - No ☑

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:
   - The class room?
     - Yes ☑
     - No ☑
   - The school yard?
     - Yes ☑
     - No ☑
   - The sports field?
     - Yes ☑
     - No ☑

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?
   - Yes ☑
   - No ☑

   Who will do this on excursions?

   Who will do this on camps?
### Who will do this on sporting activities?

6. Is there a process for post incident support in place?  
   - Yes ○  
   - No ○  

   Comments

7. Have all staff been briefed on:

   - The school's Anaphylaxis Management Policy?  
     - Yes ○  
     - No ○

   - The causes, symptoms and treatment of anaphylaxis?  
     - Yes ○  
     - No ○

   - The identities of students who carry an adrenaline auto injector and where their medication is located?  
     - Yes ○  
     - No ○

   - How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device?  
     - Yes ○  
     - No ○

   - The school's first aid and emergency response procedures?  
     - Yes ○  
     - No ○

   - Where the adrenaline auto injector for general use is kept?  
     - Yes ○  
     - No ○

   - When the adrenaline auto injector for general use can be administered?  
     - Yes ○  
     - No ○

### 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?  
   - Yes ○  
   - No ○

   To staff?  
   - Yes ○  
   - No ○

   To students?  
   - Yes ○  
   - No ○

   To 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

4. How is this information kept up to date?  

   Comments

5. Are there strategies in place to increase awareness about severe allergies among students?  
   - Yes ○  
   - No ○

   Comments