Rationale
Leopold Primary School complies with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time.

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 auto adrenaline injecting device 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
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 (Appendix A) will be in place as soon as practicable after the student enrolls, 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.

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

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 a Principal Class Officer.

All staff will be briefed at the start of each year 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 auto adrenaline 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.

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 will be followed in responding to an anaphylactic reaction.

Appendices:
• Appendix A  Anaphylaxis Risk Management Checklist
• Appendix B  Anaphylaxis Management Plan
This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

Signed: Deb Duncan
School Council President

Signed: Jan Rollinson
School Council Executive Officer (Principal)

This policy was developed and ratified by School Council on 20th May 2014
Appendix A

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 (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

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<th>School</th>
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<td>Student</td>
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<td>DOB</td>
<td>Year level</td>
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Severely allergic to:

Other health conditions

Medication at school

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**EMERGENCY CONTACT DETAILS (PARENT)**

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<th>Name</th>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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Medical practitioner contact

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Emergency care to be provided at school

Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)
ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

### Name of environment/area:

<table>
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<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
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Appendix B

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ........................................
  Dose: ...................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (If another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma relievers.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-15 years.

Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) ..................................................
  Dose: ...........................................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheezing or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give Anapen® 300 or Anapen® 150
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 3–5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.

<table>
<thead>
<tr>
<th>Signature of parent:</th>
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<td>Date:</td>
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I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

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<th>Signature of Principal (or nominee):</th>
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