



Cranbourne East Primary School

ANAPHYLAXIS POLICY

PURPOSE

To explain to Cranbourne East Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Cranbourne East Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

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.

POLICY

School Statement

Cranbourne East Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- 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.



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Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the 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.

Individual Anaphylaxis Management Plans

All students at Cranbourne East Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Cranbourne East Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Cranbourne East Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- 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.



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Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Risk Minimisation Strategies

Cranbourne East Primary School will put in place Risk Minimisation and Prevention Strategies 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 the canteen,
- during recess and lunchtimes,
- before and after school, and
- special events including visiting performances, sports, cultural days, fetes or class parties, excursions and camps.



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Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Ensure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto injector is kept in another location.
2. Teachers to know student/s in their class or classes who are at risk and be familiar with their individual management plans and have up to date training in Anaphylaxis management.
3. No food is to be brought to school to celebrate birthdays or other events.
4. Never give food from outside sources to a student.
5. During special events there may be occasions where the class teacher will purchase foods. In this situation a letter informing parents of the foods provided and the contents of the foods will be given. Parent consent will be requested for their child to participate.
6. Explain and enforce the Cranbourne East Primary School 'We support a nut free environment' to students, therefore foods containing nuts or with traces of nuts or warnings must not be brought into the school.
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg. 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. The home group teacher has regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. The home group teacher and first aid officer will 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 Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident eg. seeking a trained staff member.
11. Be careful of the risk of cross contamination when preparing, handling and displaying food.



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Canteens

1. Canteen staff (whether internal or external) 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. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services: <http://www.allergyfacts.org.au/component/virtuemart/>
2. Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3. Display the student's name and photo in the canteen as a reminder to School Staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. A 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. Cranbourne East Primary School supports a nut free environment.
8. Be wary of contamination of other foods when preparing, handling or displaying food eg. a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.



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Playground

1. If Cranbourne East Primary School has a student at risk of anaphylaxis, sufficient staff on yard duty are trained in the administration of the Adrenaline Auto injector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are aware of their exact location.
3. A Communication Plan is in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. Yard duty staff carry mobile phones and emergency cards in yard-duty bags. All staff on yard duty are 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 are able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants. School Staff will 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 (eg. sporting events, visiting performances, class parties etc.)

1. If Cranbourne East Primary School has a student at risk of anaphylaxis sufficient school staff supervising the special event are trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff do not use food in activities or games, including as rewards.
3. For special occasions, School Staff will 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 will 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 will not be used if any student is allergic to latex.



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Out-of-school settings

Field trips/excursions/sporting events

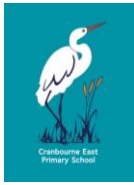
1. If a Cranbourne East Primary School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event are trained in the administration of an Adrenaline Auto injector and are able to respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto injector will accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff will not use food in activities or games, including as rewards.
4. The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis is easily accessible and School Staff are aware of their exact location.
5. For each field trip, excursion etc, a risk assessment will 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 will 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 will 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 etc. 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 will 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.



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Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School will make inquiries as to whether it can provide food that is safe for anaphylactic students.
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. Cranbourne East Primary School will not sign any written disclaimer 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. Cranbourne East Primary School will 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.
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens will be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. This will be a discussion point during initial planning.
9. The student's Adrenaline Auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, eg. A satellite phone.
10. Prior to the camp taking place the First Aid Officer 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.



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11.	School Staff participating in the camp will 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.	Cranbourne East Primary School will take an Adrenaline Auto injector 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.	Cranbourne East Primary School has purchased an Adrenaline Auto injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Auto injector will remain with a designated person/area as close to the student as possible and School Staff will be aware of its location at all times.
16.	The Adrenaline Auto injector will be carried in the school first aid kit.
17.	Students with anaphylactic responses to insects will be advised to always wear closed shoes and long-sleeved garments when outdoors and will 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.

Location of plans and adrenaline autoinjectors

School Management and Emergency Response Procedures:

A complete and up to date list and photo of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is located:

- in the sick bay, displayed on the front of the first aid cabinet,
- attached to yard duty pouches, identifying all anaphylaxis students,
- included in red CRT folders in each learning neighbourhood, specialist area and canteen,
- in the staff room, displayed on the notice board, and
- in the canteen, displayed on the notice board



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Individual Anaphylaxis Management Plans are located:

- in the school office 'medical' filing cabinet, and
- attached to each student's enrolment record.

Student ASCIA Action Plans are displayed/stored:

- in the sick bay, displayed on the front of the first aid cabinet ,
- in the student's Adrenaline Autoinjector container located on top of the first aid cabinet,
- in the student's learning neighbourhood, displayed on the wall,
- in the staffroom, displayed on the notice board,
- in the canteen, displayed on the notice board,
- at Before and After School Care (Camp Australia), displayed on wall near sink, and
- A copy of Individual ASCIA Action Plans are attached to each student' enrolment record.

Adrenaline Autoinjectors (EpiPen)

Adrenaline Autoinjectors of children identified by Individual ASCIA Action Plans are kept in individual containers that are clearly labelled. The containers are kept in the sick bay on a clearly identified cupboard. The sick bay room temperature will be monitored in accordance with Adrenaline Autoinjectors requirements.

An Adrenaline Auto injector is carried by school staff on excursions, outings and camps for each student with an Individual ASCIA Action Plan and the Adrenaline Auto injector is accessible to the adult who is responsible for or accompanying the child during the activity.

Adrenaline autoinjectors for general use

Cranbourne East Primary School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored **in the Sick Bay on top of the First Aid cupboard** and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Example School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

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.



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A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the School Nurse, Natalie Okey and stored in the Sick Bay. 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:

Classroom Procedures Anaphylaxis Reaction:

Step 1: Identify Student. Do not move student. Do not allow them to stand or walk.

Step 2: Ring office on closest learning area phone - Ext **407, 402, and 420,401**. Alert staff to the situation - provide the student's name, homegroup, location and details of the situation. Remaining teachers to remove other students from the area.

Step 3: Teacher to stay with student and keep student calm.

Step 4: Office staff will locate student's Epipen, ASCIA plan, phone and defibrillator. Two First Aiders will be dispatched promptly and go directly to anaphylactic student. The Epipen will be administered in accordance with the ASCIA plan. Follow ASCIA Plan. First Aider to call ambulance (000). First Aider to record time and date Epipen was administered on Anaphylaxis Record proforma.

Step 5: Remaining office staff to alert Leadership Team to the situation. Person deployed to meet ambulance.

Step 6: Leadership team will make necessary arrangements for other students in the learning area.

Step 7: Office staff to print off Student Enrolment Information Form (ST210920) and take it promptly to dispatched first aiders for ambulance officers.

Step 8: Office staff/Leadership to notify student's family

Step 9: First aider to complete Cases21 Student Incident Notification Form.

School Yard Procedures Anaphylaxis Reaction:

Step 1: Yard duty teacher to identify student –either ask them their name or identify from yard duty pouch photo alerts. Phone the administration office **IMMEDIATELY** using speed dial on the yard duty phone. Provide student's name and location (zone).

Step 2: Teacher to stay with anaphylactic student in the yard. Keep student calm. Do not move child unless in danger. Do not allow to them to stand or walk.

Step 3: Office staff will locate student's Epipen, School's spare Epipen, ASCIA plan, defibrillator and mobile phone. Two First Aiders will be dispatched promptly and go directly to anaphylactic student. The Epipen will be administered in accordance with the ASCIA. First Aider to call ambulance and record time Epipen was administered on Anaphylaxis Record proforma.

Step 4: Office staff to alert Leadership Team to the situation.



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- Step 5: Leadership Team to make necessary arrangements for other students in yard.
- Step 6: Office staff to print off Student Enrolment Information Form (ST210920) and take it promptly to dispatched first aiders for the ambulance.
- Step 7: Office staff/Leadership to notify student's family.
- Step 8: First aider to complete Cases21 Student Incident Notification form.

Oval Yard Duty Staff

- Step 1: Teacher to stay with anaphylactic student on the oval. Keep student calm. Do not move child.
- Step 2: Teacher to identify student – either ask them their name or identify from yard duty pouch photo alerts. If student has anaphylaxis medical alert pouch photo and is having a severe anaphylactic reaction follow ASCIA plan (in yard duty pouch):
 - Lay student flat or in a comfortable position
 - Do not allow them to stand or walk
 - Give Epipen (located in yard duty pouch)
- Step 3: Phone Admin office and provide student's name and exact location (zone). Record time and date Epipen was administered on Anaphylaxis Record Sheet (in yard duty pouch). Ambulance staff will need these details.
- Step 4: Office staff will locate student's Epipen, school's spare Epipen, ASCIA plan and mobile phone. Two first aiders will be dispatched promptly and go directly to anaphylactic student. First aider to call ambulance. First aider to administer further adrenaline dose if no response after 5 minutes of first dose.
- Step 5: Office staff to alert Leadership Team to the situation. Person deployed to meet ambulance.
- Step 6: Leadership Team to make necessary arrangements for other students in the yard.
- Step 7: Office staff to print off student Enrolment Information form (ST21090) and take it promptly to patient location for the ambulance officers.
- Step 8: Office staff/Leadership to notify student's family.

Excursions, School Camps and Special Events Procedures Anaphylaxis Reaction

In the event of a student having an Anaphylaxis reaction, staff will follow the student's ASCIA (Australasian Society of Clinical Immunology and Allergy) Plan.



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Excursions, School Camps and Special Events – Procedures:

Excursions:

Step 1: The First Aid Officer will identify any anaphylaxis students attending the excursion. The First aid officer will email teacher 3 weeks prior to excursion.

Step 2: First aid Officer to contact parent 2 weeks prior to excursion and arrange for a spare adrenaline Autoinjectors to be sent to school on the day of excursion.

Step 3: Teacher to complete and submit an 'Excursion Anaphylaxis Emergency Management Plan' proforma 2 weeks prior to excursion. Principal authorisation required. The First Aid Officer will scan an electronic copy and forward hard copy to teacher.

Step 4: The First Aid Officer will arrange for a labelled insulated pack for school adrenaline Autoinjectors. The labelled pack will contain a student photo/name and contain a copy of the current ASCIA plan.

Step 5: The teacher must sign out and collect the student's school adrenaline Autoinjectors just prior to departure in the medication removal register. The adrenaline Autoinjectors must be signed in, immediately on return from the excursion.

Step 6: The spare adrenaline Autoinjectors from home needs to signed in/out by the parent prior to departure. The spare adrenaline Autoinjectors will be placed inside the insulated pack along with the school adrenaline Autoinjectors.

School Camps - Procedures:

Step 1: First aid officer to identify anaphylaxis student attending camp 3 weeks prior to camp and email teacher.

Step 2: First aid officer to contact parent 2 week prior to camp requesting an additional adrenaline Autoinjectors to be sent to camp.

Step 3: The camp first aid coordinator must develop/submit a copy of a Camp Anaphylaxis Emergency Management Plan 3 weeks prior to camp. One copy to the First Aid Officer/one copy to the Principal.

Step 4: The First Aid Officer will contact parents 3 weeks prior to Camp outlining Camp Emergency Management Plan. If there is any parent concerns the First Aid Officer will inform the First Aid Officer in charge of camp.

Step 5: The First Aid Officer will arrange for a labelled insulated pack for school adrenaline Autoinjectors. The labelled pack will contain a student photo/name and contain a copy of the current ASCIA plan.

Step 6: The teacher must sign in/out the school adrenaline Autoinjectors just prior to camp in the medication removal register. The adrenaline Autoinjectors must be signed in, immediately on return from the camp.



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Step 7: The spare adrenaline Autoinjectors from home needs to be signed in/out by the parent prior to departure. The spare adrenaline Autoinjectors will be placed inside the insulated pack along with the student's school adrenaline Autoinjectors

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:

Step	Action
1.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (with or without clothing)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
2.	Call an ambulance (000)
3.	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.
4.	Contact the student's emergency contacts.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on Cranbourne East Primary School's website so that parents and other members of the school community can easily access information about Cranbourne East Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Cranbourne East Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

Staff:

Staff are briefed once a semester:

- 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 stored,
- how to use an Adrenalin Auto injector,
- the school's first aid procedures for a student having an anaphylaxis reaction in the classroom, the school yard, excursions and camps, and
- where Adrenalin Autoinjectors/Medication is stored.

DO NOT administer another child's Adrenaline Auto injector to a student unless authorised by an ambulance officer (000).



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New staff are briefed during Induction on the Anaphylaxis Management Policy.

- Teachers must explain and enforce the Cranbourne East Primary School 'We support a nut free environment' to students, therefore foods containing nuts or with traces of nuts or warnings must not be brought into the school.
- The First Aid Coordinator updates school first aid records in accordance with ASCIA's provided annually or in the instance of a condition change or a reaction occurs.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Cranbourne East Primary School's procedures for anaphylaxis management.

Casual Relief Teachers (CRT's):

CRT's are provided with a memo when signing in alerting them to check CRT folders for anaphylaxis students and to support a Nut Free Environment. CRT folders are located in all classrooms. The folder contains information on the procedures for dealing with an anaphylactic reaction within a classroom and in the school yard.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.
- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.
- The school will have all staff trained in Anaphylaxis – Course in Anaphylaxis Awareness 10313NAT (valid 3 years) by an outside registered training provider.
- New staff are requested to complete ASCIA – Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor/s. This course is valid for 2 years.
- The school will nominate 3 Anaphylaxis Supervisors. Anaphylaxis supervisors are to complete the ASCIA – Anaphylaxis e-training for Victorian Schools (valid for 2 years) as well as Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (valid 3 years)

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course. Course in Anaphylaxis Awareness 10313NAT in the three years prior, and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - o the School's Anaphylaxis Management Policy,



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- the causes, symptoms and treatment of anaphylaxis,
- the identities of the students with a medical condition that relates to an 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 device,
- the School's general first aid and emergency response procedures, and
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use, and

The briefing will be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the past 2 years.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

When a new student enrolls at Cranbourne East Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- CEPS Health Care Needs

REVIEW CYCLE AND EVALUATION

This policy was last updated in August 2019 and is scheduled for review in August 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.