Cranbourne East Primary School

ANAPHYLAXIS POLICY

Help for non-English speakers

If you need help to understand the information in this policy please contact the school.

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, canteen operators 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.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh or inhaled through the nose is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline device for use in an emergency. These adrenaline devices 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 First Aid Officer (on behalf of 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 enrols 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 (Red) 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 (Red)
- 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 device for the student that has not expired
- participate in annual reviews of the student's Individual Management Plan that is prepared by the school.

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 Individual Anaphylaxis Management 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 (Red) completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and/or 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,
- camps and excursions and
- special events organised or attended by the school including visiting performances, sporting days, cultural days, fetes or class parties, concerts or events/activities held at other schools.

To reduce the risk of a student suffering from an anaphylactic reaction at Cranbourne East Primary School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands before and after eating;
- students are discouraged from sharing food
- Garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- Gloves must be worn by anaphylaxis students when picking up papers or rubbish in the playground
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- general use adrenaline devices will be stored at the school First Aid room.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

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Classrooms	
1.	Teachers keep a copy of the student's Individual Anaphylaxis Management Plan on file. Ensure the ASCIA Action Plan (Red) is easily accessible even if the Adrenaline device 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.	Teachers of Anaphylaxis students to discuss safe foods with parent. Parents may wish to supply safe foods from home as an alternative.
4.	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. Parents will be required to inform the school if they do not wish for their child to participate.
5.	Be a “nut aware school”. Teachers will encourage students with a nut allergy to be aware of what other students are eating and for the whole class to be aware of anyone with a nut allergy. When eating, the whole class will practice good hygiene and wash hands after eating. Foods will not be shared in the classroom.
6.	In classrooms where an anaphylaxis student is located. Standard notes/emails are sent at the beginning of the Semester 1 and Semester 2 or when a new anaphylaxis student enrols to families to avoid sending allergen products, this can be escalated for support to the First Aid Officer and School Leadership.
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.	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 school 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 device, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident e.g. seeking a trained staff member.
11.	Be careful of the risk of cross contamination when preparing, handling and displaying food.

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Canteen	
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.
2.	The school will inform Canteen staff, including volunteers, 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 enrols.
3.	Display the student's name and photo in the canteen as a reminder to 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.
8.	Be wary of contamination of other foods when preparing, handling or displaying food eg. a tiny 1 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 device to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline device 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 their own mobile phones and have 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 coloured clothing 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 Device to be able to respond quickly to an anaphylactic reaction if required.
2.	During the planning stages of an event, if there are foods that students may consume a notice will be sent out to all families advising them of what will be available. Students will be supported by alternate food choices or alternate foods provided by home as needed.
3.	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 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 device 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 Device will accompany any student at risk of anaphylaxis on field trips or excursions
3.	The Adrenaline Device 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 the exact location.
4.	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.
5.	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).
6.	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.
7.	Prior to the excursion taking place School Staff will consult with the student's parents and/or 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 excursion activity.

Camps and Remote Settings	
1.	When engaging a camp owner/operator's services the school will make arrangement with the camp to 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.	The Adrenaline Device 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 the exact location.

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 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 Device, including the ASCIA Action Plan for Anaphylaxis and a staff mobile device will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered e.g. 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 camp.
11.	School Staff participating in the camp will be clear about their roles and responsibilities in the event on an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event on an anaphylactic reaction.
12.	Ensure contact details of emergency services 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 Device 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 Device for General Use to be kept in the first aid kit and has included this as part of the Emergency Response Procedures.
15.	The Adrenaline Device will remain with a designated person/area as close to the student as possible and School Staff will always be aware of its location.
16.	A general use Adrenaline Device 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.

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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 Quick Reference Folders in each learning space and specialist areas
- in the staff room, displayed on the notice board, and
- in the canteen, displayed on the notice board

Individual Anaphylaxis Management Plans are located:

- in the First Aid Room, first aid shelf folder labelled "Serious Medical Students, Medical Plans". An electronic copy is kept on file.

Student ASCIA Action Plans (Red) are displayed/stored:

- in the sick bay, displayed on the front of the first aid cabinet ,
- in the student's Adrenaline Device container located on top of the first aid cabinet,
- in the student's learning space, 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 (Team Kids), displayed on wall near sink, and
- A copy of Individual ASCIA Action Plans (Red) is placed into each student' enrolment record.

Adrenaline Devices

Adrenaline Devices of children identified by Individual ASCIA Action Plans (Red) are kept in individual containers that are clearly labelled. The containers are kept in the sick bay in a clearly labelled containers on top of the First Aid cupboard. The sick bay room temperature will be monitored in accordance with Adrenaline Device requirements.

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

Adrenaline Devices for general use

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

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

The principal or delegate is responsible for arranging the purchase of Adrenaline Devices for general use, and will consider:

- the number of students enrolled at Cranbourne East Primary School at risk of anaphylaxis
- the accessibility of Adrenaline Devices supplied by parents
- the availability of a sufficient supply of Devices for general use in different locations at the school, as well as at camps, excursions and events

- the limited life span of Adrenaline Devices, and the need for general use adrenaline devices 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.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer 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 devices, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use adrenaline device, and the student's Individual Anaphylaxis Management Plan, stored in student's adrenaline device container. • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr • 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 **OR** Administer an Anapen® 500 • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration

	OR Administer an Jext 150 or 300 • Form fist around Jext and pull off yellow cap • Place black injection tip against the student's outer mid-thigh (with or without clothing) • Push back tip firmly until a click is heard and hold in place for 3 seconds • Remove Jext • Note the time the Jext device is administered • The adrenaline device must be handed to the ambulance paramedics along with the time of administration. **OR** Administer Neffy 1mg or 2mg • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. • Place the nozzle of the nasal spray into a nostril until fingers touch the nose. • For smaller nostrils, aim for the fingers to touch the nose. • Press the plunger up firmly until the dose is administered and it sprayed into the nostril. • Note the time the Neffy device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration.
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.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report "High" or "Extreme" severity incidents to report the incident. Incidents assessed as "Low" or "Medium" can be reported directly into Edusafe Plus by the Principal or their allocated staff member.

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.

For first time anaphylactic reactions, the school's general use adrenaline device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen, Anapen, Jext or Neffy device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed of adrenaline device depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

[Note: If in doubt, it is better to use an adrenaline device 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 'Frequently asked questions' on the Resources tab of the Department's Anaphylaxis Policy.]

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, 454, 400 and 420**. Alert staff to the situation - provide the student's name, homegroup, location and details of the situation. Students to relocated to adjoining learning space.

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

Step 4: Office staff will locate the student's Adrenaline device, the student's ASCIA Action Plan for Anaphylaxis (Red), a phone, and the defibrillator. Two First Aiders will be dispatched promptly and go directly to the anaphylactic student. The Adrenaline Device will be administered by the First Aid Officer in accordance with the ASCIA Action Plan for Anaphylaxis (Red) plan. Follow the 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. Leadership will deploy a person to meet the ambulance.

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

Step 7: Office staff to print off Student Enrolment Information Form (ST21090) and take it promptly to the student's location for the ambulance officers.

Step 8: Office staff or Leadership to notify the student's family.

Step 9: First aider to complete the Student Incident Notification Form and enter on Edusafe Plus (Sickbay and First Aid)

Step 10: Leadership to report to the Incident Support & Operations Centre (Ph. 1800 126 126). Principal or Delegate to make WorkSafe report

Yard Duty 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**. Provide student's name and location (e.g. zone 1).

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 the student's Adrenaline Device, the School's spare Adrenaline Device, the student's ASCIA Action Plan for Anaphylaxis (Red), the defibrillator, and a mobile phone. Two First Aiders will be dispatched promptly and go directly to anaphylactic student. The Adrenaline Device will be administered in accordance with the ASCIA. The First Aider is to call the ambulance and record the time the Adrenaline Device was administered on the Anaphylaxis Record proforma.

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

Step 5**:** Leadership Team to make necessary arrangements for other students in yard.

Step 6: Office staff to print off Student Enrolment Information Form (ST21090) and take it promptly to the student's location for the ambulance officers.

Step 7: Office staff or Leadership to notify student's family.

Step 8: First aider to complete Student Incident Notification form and enter on Edusafe Plus (Sickbay and First Aid)

Step 9: Leadership to report to the Incident Support & Operations Centre (Ph. 1800 126 126).

Principal or Delegate to make WorkSafe report.

Excursions, School Camps and Special Events Procedures Anaphylaxis Reaction:
In the event of a student having an Anaphylactic reaction, staff will follow the student's ASCIA (Action for Anaphylaxis (Red).

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 communicate with 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 Device to be sent to school on the day of the excursion. In some cases, a general use Adrenaline Device will be sent on the activity.

Step 3: First Aid Officer and Teacher to complete and submit an 'Excursion Anaphylaxis Emergency Management Plan' proforma 2 weeks prior to the excursion. The First Aid Officer will scan an electronic copy and forward a hard copy to the teacher. An electronic copy will be uploaded on the teams event channel

Step 4: The First Aid Officer will arrange a labelled insulated pack for the school Adrenaline Device. The labelled pack will contain the student's photo/name and contain a copy of the student's current ASCIA Action Plan for Anaphylaxis (Red).

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

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

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School Camps - Procedures:

Step 1: First Aid Officer to identify all anaphylaxis students attending camp 3 weeks prior to camp and communicate with teacher.

Step 2: First Aid Officer to contact parent 2 weeks prior to camp requesting an additional Adrenaline Device to be sent to camp. In some cases, a general use Adrenaline Device will be sent on the activity.

Step 3: The camp first aid coordinator in conjunction with the first aid officer must develop/submit a Camp Anaphylaxis Emergency Management Plan 3 weeks prior to camp. One copy to the First Aid Officer. An electronic copy will be uploaded on the team event channel

Step 4: The First Aid Officer will contact parents 3 weeks prior to Camp outlining the Camp Emergency Management Plan. If there are any parent concerns the First Aid Officer will inform the Camp First Aid Coordinator.

Step 5: The First Aid Officer will arrange a labelled insulated pack for the student's school Adrenaline Device. The labelled pack will contain the students photo/name and contain a copy of the student's current ASCIA Anaphylaxis Plan (Red)

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

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

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 Adrenaline device as per instructions on individual device. • Note the time the Adrenaline Device is administered • Retain the used Adrenaline Device to be handed to the 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 (Orange), further adrenaline doses may be administered every five minutes if other Adrenaline Devices are available.
4.	Contact the student's emergency contacts.

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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.

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.

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 Principal or Delegate will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the principal or delegate based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Cranbourne East Primary School will use either of the following training courses: 22578VIC First Aid Management of Anaphylaxis (3 years) or ASCIA eTraining Victorian Schools Course (2 years).

New staff to Cranbourne East Primary School will be offered the following training course: ASCIA eTraining course if they do not have a current anaphylaxis certificate.

As a minimum, The First Aid Officer will undertaker the Course in Verifying the Correct Use of Adrenaline Devices (22579VIC).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School First Aid Officer. Each briefing will address:

- this policy
- the causes, symptoms, and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an Adrenaline Device, including hands on practice with a trainer Adrenaline Device
- the school's general first aid and emergency response procedures
- the location of, and access to, Adrenaline Devices that have been provided by parents or purchased by the school for general use.

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When a new student enrols at Cranbourne East Primary School who is at risk of anaphylaxis, the Principal Nominee (i.e. First Aid Officer) will develop a plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained electronically. Hard copies of staff certificates are stored in the First Aid Room. A record of all staff anaphylaxis management training courses and the dates of the twice-yearly briefing sessions are maintained.

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.

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 Adrenaline Device,
- the school's first aid procedures for a student having an anaphylaxis reaction in the classroom, the yard, excursions, and camps, and
- where Adrenaline Devices/Medication is stored.

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

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

- The First Aid Officer updates school first aid records in accordance with ASCIA plans provided annually or in the instance of a condition change or if 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):

As part of their Induction during their first visit to the school, CRTs are provided a Quick Reference Information Sheet instructing them of where to find relevant student medical information. QRF folders are in all learning spaces and contain information on the procedures for dealing with an anaphylactic reaction within a classroom, the school yard and in the school oval. All learning spaces have clearly labelled procedures for dealing with an anaphylactic reaction, located beside each learning space exit door

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

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FURTHER INFORMATION AND RESOURCES

- The Department's Policy and Advisory Library (PAL):
  - Anaphylaxis
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology
- CEPS Health Care Needs

POLICY REVIEW AND APPROVAL

Policy last reviewed	17/8/2026
Approved by	Principal and School Council
Next scheduled review date	August 2027

The First Aid Officer 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.