



ANAPHYLAXIS POLICY

Clifton Hill Primary School

2016

BACKGROUND

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 (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex and certain insect stings. Although allergic reactions are common in children, severe life threatening reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency.

A mild to moderate allergic reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy).

Anaphylaxis (severe allergic reaction) can include:

- 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)
- abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

PURPOSE

- To ensure the school fully complies with Ministerial Order 706 and the associated guidelines published and amended by the Department.
- To provide, as far as practicable, a safe and healthy school environment that takes into consideration the needs of all students including those who may suffer from anaphylaxis.
- To ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto injector.

IMPLEMENTATION

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. The **school** will manage anaphylaxis by;

- Ensuring that a response is provided by parents at enrolment as to whether a child has been diagnosed with anaphylaxis
- Routinely reminding parents and students via the school newsletter (twice per year) to advise the school of any change in their circumstances, including any relevant changes in the diagnosis and treatment of medical conditions
- Ensuring that an Individual Anaphylaxis Management Plan (see Appendix 1) is developed, in consultation with the student's parents, for any student who has been diagnosed as having a medical condition that relates to allergy and the potential for anaphylactic reaction
- Ensuring that the Individual Anaphylaxis Plan is in place as soon as practicable after the student enrolls, and where possible before the student's first day at the school
- Including the following in the Individual Anaphylaxis Management Plan; information about the medical condition, strategies to minimise the risk of exposure for in and out of school settings organised by the school, emergency contact details, information on where the student's medication will be stored and an ASCIA Action Plan (see Appendix 1)
- Reviewing each student's Anaphylaxis Management Plan in all of the following circumstances; annually, if the student's medical condition changes, after a student has an anaphylactic reaction at school and when a student is to participate in an off site activity such as camps and excursions
- Purchasing additional adrenaline autoinjectors for general use and as a back up to those supplied by parents
- Completing an annual Risk Management Checklist to monitor obligations (see Appendix 2)

Parents/carers and families of children attending Clifton Hill Primary School who are at risk of anaphylaxis are required to:

- Provide an ASCIA Action plan (annually) which has been developed in consultation with the child's medical practitioner, including up to date photographs
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ACSIA Action Plan
- Discuss prevention strategies with the school
- Supply the student's adrenaline autoinjector and ensure it has not expired
- Ensure prompt replacement of adrenaline autoinjector when notified of expiration
- Provide an additional adrenaline autoinjector for school related activities, such as interschool sports, camps and some excursions, if requested by the school.

RISK MINIMISATION AND PREVENTION STRATEGIES

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.

The school will;

- Know and avoid the causes of anaphylactic reactions
- Not allow food sharing or swapping
- Only give foods approved by the child's parents to those students identified as anaphylactic
- Use non-food treats where possible, but if food treats are used, give only those provided by the parents to a student who is at risk of anaphylaxis (encourage parents to provide a container of safe treats from home)
- Never give food from outside sources to a student who is at risk of anaphylaxis
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Practise routine hygiene and good food safety practices. Children and staff should always wash their hands after play and before and after eating
- Raise awareness of anaphylaxis with children through class discussions and newsletters
- Ensure that, should a student bring foods containing the anaphylactic trigger for a student in their classroom, the student will, under the supervision of the Principal or nominated staff member, eat lunch in a designated area within the classroom, dispose of rubbish appropriately and wash their hands thoroughly. The table this student sat at will be cleaned thoroughly with hot, soapy water. The Principal or nominated staff member will contact the family to discuss anaphylactic triggers.

- Designate a staff member to inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
- Clear communication and understanding of the location of student epipens on camps, excursions etc recorded on the Risk register). (see Sally

Banning Of Products

Whilst Clifton Hill Primary School does not ban nut products, we ask that families consider the needs of all students in the school. We therefore ask our families to consider the safety needs of children at risk of anaphylactic reaction before sending their child to school with nut products such as;

- Raw or cooked nuts of any type (peanuts, almonds, cashews, pistachios, macadamia nuts, etc.)
- Nut spreads of any type (e.g. peanut butter, Nutella, etc.)
- Products which contain nuts and are labelled as containing nuts (e.g. chocolate bars with nuts, stir fry lunches with nuts, almond cakes, etc.)

We appreciate your understanding and hope you will support the children who are affected by this condition. The children dealing with these allergies will feel supported knowing that other children are not bringing in particular, peanut and other nut based spreads and products to school.

The school canteen and before and after school care programs do not provide nut products to students.

STAFF TRAINING

In accordance with Ministerial Order 706, all schools must have an Anaphylaxis Supervisor responsible for verifying the training of other staff members.

Every two years, all school staff who come into contact with children must complete ASCIA e-training and have their training verified by the School Anaphylaxis Supervisor. During the verification process all staff members must demonstrate correct use of adrenaline auto-injectors and respond to school-specific scenarios.

The School Anaphylaxis Supervisor must complete approved anaphylaxis training every three years and ASCIA e-training for schools every year. The School Anaphylaxis Supervisor is responsible for running twice yearly briefings for all staff.

When a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in anaphylaxis management.

COMMUNICATION PLAN (SEE APPENDIX 3)

Clifton Hill Primary School will develop an Anaphylaxis Communication Plan to ensure that school staff, students and parents are educated about anaphylaxis management. The communication plan will;

- Provide information to all school staff, students and parents about anaphylaxis and how to respond to an anaphylactic episode in different settings
- Provide information to the school community regarding anaphylaxis via the school newsletter

Further Information:

Department of Education and Early Childhood Development – Student Wellbeing – Anaphylaxis

<http://www.education.vic.gov.au/aboutschool/childhealth/anaphylaxis.htm>

Australasian Society of Clinical Immunology and Allergy: www.allergy.org.au
Royal Children's Hospital Allergy and Immunology Department:

www.rch.org.au/allergy/index.cfm?doc_id=7219 Anaphylaxis Australia:
www.allergyfacts.org

Review: November 2017

APPENDIX 1: Individual Anaphylaxis Management Plan

<p>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.</p> <p>It is the parent's 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.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage location for adrenaline autoinjector (device specific) (EpiPen®)			
ENVIRONMENT			
<p>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.</p>			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: 

Date: _____

Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance* - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer* person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

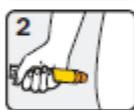
ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

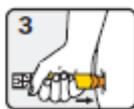
How to give EpiPen®



Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner 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
- 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.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
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.	
Signature of principal (or nominee):	
Date:	

APPENDIX 2: Annual Risk Management Checklist

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	
General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	

50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	

APPENDIX 3: CLIFTON HILL PRIMARY SCHOOL ANAPHYLAXIS COMMUNICATION PLAN

BACKGROUND

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 (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex and certain insect stings. Although allergic reactions are common in children, severe life threatening reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency.

A mild to moderate allergic reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously:

Swelling of lips, face & eyes

Hives or welts

Tingling mouth

Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

The presentation of any one of the following symptoms below indicates anaphylaxis:

- 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)

RESPONSE TO AN ANAPHYLATIC REACTION

Staff will participate in an Anaphylaxis Management Training course every three years and participate in two briefing sessions per calendar year (including one at the commencement of each year).

In order for staff to be aware of children at risk of anaphylaxis, the school will;

- Provide individual ACSIA Action plans for students to be clearly displayed in their classrooms Display photos of all students at risk of anaphylaxis in the staffroom
- Locate all autoinjectors and ACSIA action plans for each child at risk of anaphylaxis in the first aid room located near the office
- Have photos of all student at risk of anaphylaxis in each yard duty first aid bag

In the event of a student experiencing an anaphylactic reaction, staff will;

In the Classroom

- The teacher in charge will contact the office. They will tell the office/nurse the name of the child and their classroom location
- The nurse/office staff will take the student's personal autoinjector and ACSIA plan to the student's location
- The ACSIA plan will be followed and the nurse/office person will call 000 and request an ambulance

In the Yard

- All yard duty teachers carry a first aid bag which contains photos of all children at risk of anaphylaxis and an anaphylaxis alert card
- The yard duty teacher will send two students to the office with the anaphylaxis alert card, tell them the student's name and inform them of their location
- The nurse/office staff will take the student's personal autoinjector and ACSIA plan to the student's location
- The ACSIA plan will be followed and the nurse/office person will call 000 and request an ambulance

In the Park

When students are taken to the park during lunchtime or for a curriculum based activity the following risk minimisation strategies are in place:

- There will be a minimum of one teacher who will have up to date anaphylaxis training
- Teachers will carry a first aid bag that contains photos of all children at risk of anaphylaxis. They also take two general use autoinjectors with them and a general ACSIA action plan
- At least one teacher will carry a charged mobile phone

In the event of a student experiencing an anaphylactic reaction, staff will;

- Administer the autoinjector and will call 000 and request an ambulance
- Send two students to the office with the anaphylaxis alert card and tell them the student's name
- A school representative will go to the park with the student's ACSIA plan and epipen

At Excursions/Sports/Camps

- The school will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating in the class

- A review of the Anaphylaxis Management Plan will take place between the teacher/parents/nurse to discuss any risks such as location of camp, mobile phone coverage etc
- A student's personal autoinjector, along with an appropriate number of general use autoinjectors, will accompany the student to all excursions, sports events and camps
- The autoinjector will be kept within close proximity of the student
- In the event of an anaphylactic episode, the supervising teacher will administer the autoinjector and ring 000 for further medical attention

CASUAL RELIEF TEACHERS

- Will be provided with an iPad and shown the class they are working in on Compass, including relevant student medical alerts.
- Be shown the location of each student's adrenaline autoinjector
- Be directed to the location of the nearest staff member working near them who has anaphylaxis training in case of emergency.