



## Anaphylaxis Management Policy and Procedures

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Responsible person	Principal	Scheduled review date	March 2027

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## 1 Organisational Statement

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- 1.1 Mastery Schools Australia (the **School** or **MSA**) is committed to providing a safe environment for all our students. The School recognises that, while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

## 2 Scope

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- 2.1 This policy applies to employees, volunteers, Board members, and contractors in relation to the New South Wales operations and it is the responsibility of all employees, volunteers, Board members, and contractors working for or at a New South Wales school to understand and comply with this policy.
- 2.2 This policy considers and applies the Anaphylaxis Guidelines for NSW independent schools issued by the association of Independent Schools of NSW Ltd. (the **Guidelines**)

## 3 Purpose

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- 3.1 The purpose of this policy is to outline the School's policy on anaphylaxis, and to:
- (a) provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling;
  - (b) raise awareness of food and insect allergy and the risk of anaphylaxis and the School's anaphylaxis management policy in the school community;
  - (c) engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student;
  - (d) ensure that staff members are appropriately trained to respond to an anaphylactic reaction by initiating appropriate treatment, including administering an adrenaline autoinjector.

## 4 Related Documents

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- (a) Checklist for a Student who Identifies with an Allergy, including Anaphylaxis and related Forms 1 – 4 (provided at the end of this Policy)
- (b) Individual Health Support Plan (attached to Distributing Medication and Medical Management Policy)

- (c) First Aid Policy and Procedure
- (d) Distributing Medication and Medical Management Policy

## 5 References

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- (a) Anaphylaxis Guidelines for NSW Independent Schools, AIS NSW, 2014

## 6 Definitions

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- 6.1 **Adrenaline autoinjector** means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 6.2 **Adrenaline autoinjector for general use** means a 'back up' or 'unassigned' adrenaline autoinjector.
- 6.3 **Anaphylaxis management training course** includes:
  - (a) a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
  - (b) a course in anaphylaxis management endorsed and delivered by the NSW Anaphylaxis Education Training Program;
  - (c) a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
  - (d) any other course approved by the Department of Education.
- 6.4 **Department** means the NSW Department of Education.
- 6.5 **Guidelines** means Anaphylaxis Guidelines for NSW independent schools issued by the association of Independent Schools of NSW Ltd, 2014 or later.
- 6.6 **medical practitioner** means a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.
- 6.7 **online anaphylaxis management training course** means the course, developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA).
- 6.8 **parent** in relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has

been granted 'guardianship' for the child pursuant to the *Children and Young Persons (Care and Protection) Act 1998*. This includes guardians and carers.

6.9 **school staff** means any person employed or engaged at the School.

## 7 Guiding principles

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- 7.1 It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.
- 7.2 The School is committed to:
- (a) providing, as far as practical, a safe and healthy environment in which students at risk of anaphylaxis can participate equally in all aspects of their courses and programs;
  - (b) raising awareness about allergies and anaphylaxis amongst the School community;
  - (c) actively involving the relevant School staff and the parents/guardians of student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies;
  - (d) ensuring that all School staff have access to ongoing training and information regarding allergies, anaphylaxis and emergency procedures; and
  - (e) facilitating communication to ensure the safety and wellbeing of students at risk of anaphylaxis.

## 8 The hazard: Anaphylaxis

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- 8.1 Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged students are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).
- 8.2 The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.
- 8.3 Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as age-appropriate education for students.
- 8.4 Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

- 8.5 It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the principal and all School staff, parents/guardians, students and the broader school community.

## **9 Duty of Care**

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- 9.1 The School has a duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the School, in the school environment and/or engaged in school-related activities.
- 9.2 When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Health Support Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

## **10 Safe Work Practices**

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- 10.1 The School has developed the following work practices and procedures for managing the risk of anaphylaxis:
- (a) Individual Health Support Plans (the form is included under the Distributing Medication and Medical Management Policy);
  - (b) Adrenaline Autoinjectors – Purchase, Storage and Use;
  - (c) Communication Plan;
  - (d) Emergency Response Procedures;
  - (e) Staff Training;
  - (f) Risk Management checklist provided with this Policy; and
  - (g) Risk Management strategies.

## **11 Risk Management Checklist and Strategies**

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- 11.1 The Principal (or their delegate) must complete the Checklist and develop risk management strategies for students with health conditions requiring ongoing management. Where determining risk management strategies the Principal (or their delegate) will consider Guidelines and relevant resources as published by ASCIA or the Department of Education from time to time.
- 11.2 The Checklist and relevant forms to support the development of risk management strategies are at the end of this Policy.

## **12 Individual Health Support Plans**

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- 12.1 The Principal is responsible for ensuring:
- (a) an Individual Health Support Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the

- potential for anaphylactic reaction, where the School has been notified of that diagnosis; and
- (b) an Individual Health Support Plan will be in place as soon as practicable after the student enrolls and, where possible, before their first day at the School.
- 12.2 Anaphylaxis allergies are disclosed during the enrolment interview so a plan can be implemented as soon as possible,
- 12.3 The Individual Health Support Plan must include:
- (a) information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
  - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the School staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
  - (c) the name of the person/s responsible for implementing the strategies;
  - (d) information regarding where the student's medication will be stored;
  - (e) the student's emergency contact details; and
  - (f) an action plan for Anaphylaxis in a format approved by the ASCIA (ASCIA Action Plan), provided by the parent.
- 12.4 Notices of those who are Anaphylaxis, and their allergy details are posted at reception behind the desk, in the Principal and Assistant Principal office, in the First Aid Room, and in the staff lunch room.
- 12.5 Each plan will be reviewed, in consultation with the student's parents, at least annually and in the following circumstances:
- (a) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
  - (b) as soon as practicable after the student has an anaphylactic reaction at school; and
  - (c) when a 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.

## **13 Roles and responsibilities**

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### **Principal**

- 13.1 The Principal is responsible for ensuring:

- (a) the School actively seeks information to identify students with allergies to food and insects for example, that have not been prescribed an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier);
- (b) parents/guardians provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student;
- (c) an Individual Health Support Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylaxis, where the School has been notified of that diagnosis;
- (d) an Interim Individual Health Support Plan is developed for a student where:
  - (i) the School has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the School about any allergies, but the student mentions it in class); or
  - (ii) a student's adrenaline autoinjector has been used or lost and not yet replaced; or
  - (iii) a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured; or
  - (iv) relevant training has not occurred for a member of staff who has a student in their class at risk of anaphylaxis;
- (e) Students' Individual Health Support Plans are appropriately communicated to all relevant staff;
- (f) Individual Health Support Plans and ASCIA Action Plans are located in the first aid rooms, and on the student's file on Compass, so they can be accessed, during normal school activities including in the classroom, in the school yard, in all school buildings and sites including the halls;
- (g) details of Individual Health Support Plans and ASCIA Action Plans are located on the student file on Compass and provided in hard copy, during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- (h) any provider of food and all School employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices;
- (i) parents/guardians provide the School with an adrenaline autoinjector for their student that is not out-of-date and a replacement adrenaline autoinjector when requested;

- (j) an appropriate Communication Plan is developed to provide information to all School staff, students and parents/guardians about anaphylaxis and this policy;
- (k) there are procedures in place for providing information to the School volunteers and casual relief staff about students who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care;
- (l) relevant School staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current;
- (m) School staff who are appointed as school Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current;
- (n) all School staff are briefed at least twice a year by a school Anaphylaxis Supervisor (or other appropriately trained member of staff), with the first briefing to occur at the start of each year;
- (o) allocating time, such as during staff meetings, to discuss, practise and review this policy;
- (p) encouraging regular and ongoing communication between parents/guardians and School staff about the current status of the student's allergies, the school's policies and their implementation;
- (q) students' Individual Health Support Plan is reviewed in consultation with parents/guardians annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylaxis at the School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School; and
- (r) arranging to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the School' first aid kit, stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange) for general use.

### **Anaphylaxis supervisor**

13.2 The Senior Campus Administration Officer (**SCAO**) will be the Anaphylaxis Supervisor.

13.3 The School appoints staff for the role of Anaphylaxis Supervisor (this will increase to two when the School has over 80 students). These staff may include:

- (a) a first aid trained staff;
- (b) a health and wellbeing coordinator or other health and wellbeing staff, and/or

- (c) a senior/leading teacher.

13.4 Responsibilities of the Supervisor/s include:

- (a) working with the relevant staff to develop, implement and regularly review this policy and procedures;
- (b) obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector;
- (c) verifying the correct use of adrenaline autoinjector (trainer) devices by other staff undertaking online anaphylaxis training;
- (d) providing access to the adrenaline autoinjector (trainer) device for practice by staff;
- (e) sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the principal or their delegate to maintain records of training undertaken by staff at the School;
- (f) leading the twice-yearly anaphylaxis briefing;
- (g) developing school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment;
- (h) organising anaphylaxis drills (not unlike a fire drill) in the School to practise getting an adrenaline autoinjector to a student requiring it quickly in an emergency keeping an up-to-date register of students at risk of anaphylaxis;
- (i) keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.;
- (j) working with parents/guardians (and students) to develop, implement and review each Individual Health Support Plan in accordance with this policy;
- (k) providing advice and guidance to staff about anaphylaxis management in the School and undertaking regular risk identification and implement appropriate minimisation strategies;
- (l) working with staff to develop strategies to raise their own, students' and the School community awareness about severe allergies; and
- (m) providing or arranging post-incident support (e.g. counselling) to students and staff, if appropriate.

13.5 In the twice yearly staff briefing, the Anaphylaxis Supervisor must brief staff on:

- (a) this anaphylaxis management policy;
- (b) the causes, symptoms and treatment of anaphylaxis;

- (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
- (d) how to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector;
- (e) the general first aid and emergency response procedures of the provider of school boarding services; and
- (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the provider of school boarding services for general use.

## **Staff**

13.6 The responsibilities of the School staff include:

- (a) knowing and understanding the requirements of this policy;
- (b) knowing the identity of students who are at risk of anaphylaxis and knowing their face if possible;
- (c) understanding the causes, signs and symptoms, and treatment of anaphylaxis;
- (d) obtaining regular training on how to recognise and respond to an allergic reaction (including anaphylaxis), including administration of an adrenaline autoinjector;
- (e) knowing where to find a copy of each student's ASCIA Action Plan quickly and following it in the event of an allergic reaction;
- (f) knowing the School's general first aid and emergency response procedures and understanding their role in relation to responding to anaphylaxis;
- (g) knowing where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept;
- (h) knowing and following the individual risk minimisation strategies in students' Individual Health Support Plan;
- (i) planning ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school;
- (j) working with parents to provide appropriate food for students if the food the school/class is providing may present an allergy risk for them;
- (k) avoiding the use of food treats in class or as rewards, as these may contain allergens. If food treats are used, however, work with parents to provide appropriate treats for students at risk of anaphylaxis;

- (l) being aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes;
- (m) being aware of the risk of cross-contamination when preparing, handling and displaying food;
- (n) making sure tables and surfaces are wiped down regularly and that students wash their hands before and after handling food;
- (o) raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers; and
- (p) assist in implementing and monitoring the student's Individual Health Support Plan as appropriate.

### **Parents/Guardians**

13.7 The responsibilities of parents of students at risk of anaphylaxis include:

- (a) informing the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been prescribed an adrenaline autoinjector or not;
- (b) providing the School with an ASCIA Action Plan from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures;
- (c) immediately informing the School staff in writing of any changes to the student's medical condition and if necessary, providing an updated ASCIA Action Plan;
- (d) meeting with and assisting the School to develop the student's Individual Health Support Plan, including risk minimisation strategies;
- (e) providing the School with an adrenaline autoinjector and any other medications that are current and not expired;
- (f) replacing the student's adrenaline autoinjector and any other medication as needed before their expiry date or when used;
- (g) assisting the School staff in planning and preparation for the student prior to camps, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days);
- (h) if requested by the School staff, helping to identify and/or provide alternative food options for the student when needed;
- (i) informing the School staff in writing of any changes to the student's emergency contact details; and
- (j) participating in reviews of the student's Individual Health Support Plan.

## 14 Prevention Strategies

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- 14.1 the School will use prevention strategies to minimise the risk of an anaphylactic reaction, including:
- (a) having a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction which is communicated
  - (b) to all relevant staff via the school Compass Portal and displayed on all office noticeboards of main buildings;
  - (c) having detailed Individual Health Support Plans and ASCIA Action Plans for affected students located on Compass Portals which will be available to all staff when on campus, incursions, excursions or special events;
  - (d) ensuring that the purchase, storage and accessibility of adrenaline auto-injectors for general use is managed by the First Aid Room, with generic junior and adult auto-injectors located in the First Aid Room;
  - (e) preparing and maintaining a Communication Plan including direct communication between the First Aid Room and parents/guardians regarding annual reviews of Individual Health Support Plans;
  - (f) training of staff in Anaphylaxis Management; and
  - (g) completion of an Annual Risk Management Checklist by the Principal.

## 15 School Management and Emergency Response

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- 15.1 The policy is to be read in conjunction with the School's first aid and emergency response policies, plans and procedures. 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 and emergency response procedures, the student's ASCIA Action Plan and the Individual Health Support Plan.
- 15.2 Staff can obtain a complete and up-to-date list of students identified as having a medical condition that relates to allergy and has the potential for anaphylactic reaction from SharePoint in the Health & Safety Management folder.
- 15.3 Details of Individual Health Support Plan and ASCIA Action Plans are located:
- (a) On the student file on Compass under Health>Medical Action Plans;
  - (b) At reception behind the desk for privacy reasons;
  - (c) Notices are posted in the staff lunchroom and Principal and Assistant Principal offices;
  - (d) During offsite activities, the supervising teacher will receive a folder from the SCAO which will contain all the details of their students health and medical conditions.

- 15.4 Information about the storage and accessibility of adrenaline autoinjectors, including those for general use, is located on SharePoint under the Health & Safety Management folder.
- 15.5 The Principal must ensure there are a sufficient number of staff present who have been trained. This is to include situations where a student with a medical condition that relates to allergy and has the potential for anaphylactic reaction is 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 events conducted, organised or attended by the School.
- 15.6 the School will ensure the list of students at risk of anaphylaxis is kept up to date. The Anaphylaxis Supervisor is responsible for maintaining the register of students and checking it on at least a monthly basis. Teaching staff are responsible for updating the register and notifying the Anaphylaxis Supervisor as soon as they become aware of a student at risk of anaphylaxis.

## **16 Adrenaline Autoinjectors for General Use**

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- 16.1 The Principal will ensure the School purchases adrenaline autoinjectors for general use and as a back-up to those supplied by parents.
- 16.2 The Principal will determine the number of additional adrenaline autoinjectors required. In doing so, the Principal will take into account the following relevant considerations:
  - (a) the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
  - (b) the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
  - (c) the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the School;
  - (d) the adrenaline autoinjectors for general use have a limited life, usually expiring within 12–18 months and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first;
  - (e) the location of adrenaline autoinjectors for general use will be documented on location maps which will be displayed in key locations (including the staff room, outside activity spaces, and on classroom doors) and made known to staff.

## **17 Communication Plan**

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- 17.1 This policy is communicated to parents/guardians and is available on the School's website so parents/guardians and other members of the school community can easily access information about the school's anaphylaxis

management procedures. The parents and guardians of students who are enrolled at the School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

- 17.2 This policy is provided to staff and volunteers on induction to ensure all staff, including casual relief teachers and volunteers, are aware of this policy and students in their care at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care. This policy is also available to all staff on the intranet.
- 17.3 The Principal is responsible for:
- (a) ensuring all relevant staff (including casual relief staff, canteen staff and volunteers) are aware of this policy and the School procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
  - (b) ensuring relevant staff are trained and advised on strategies in anaphylaxis management, and about how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school yard, in school buildings and sites including the hall, consistent with the Department's Anaphylaxis Guidelines;
  - (c) ensuring relevant staff are trained and advised on strategies in anaphylaxis management, and about how to respond to an anaphylactic reaction during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
  - (d) informing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care;
  - (e) ensuring the school staff who conduct classes that students who are at risk of anaphylaxis attend and any further school staff the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the School are trained in anaphylaxis management; and
  - (f) ensuring an appropriate briefing for staff occurs twice a year – one each semester.

## **18 Staff Training**

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- 18.1 It is the responsibility of the Principal to ensure all the School staff are:
- (a) aware of training obligations and provided with training opportunities; and

- (b) briefed at least twice per calendar year.
- 18.2 The following staff will be expected to have current, accredited Anaphylaxis Training and will be provided with ongoing training opportunities:
- (a) staff who are responsible for the care of students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
  - (b) any further staff the Principal identifies based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the School.
- 18.3 The identified staff will:
- (a) be expected to have undertaken a face-to-face Anaphylaxis Management Training Course in the three years prior; or
  - (b) an online anaphylaxis management training course in the two years prior; and
  - (c) be obliged to attend a briefing twice per calendar year (with the first briefing to be held at the beginning of the school year) by a member of staff who has successfully completed Anaphylaxis Management Training Course in the two years prior on:
    - (i) the School's anaphylaxis management policy and procedures;
    - (ii) the causes, symptoms and treatment of anaphylaxis;
    - (iii) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
    - (iv) how to use an adrenaline autoinjector, including hands on practise with a trainer;
    - (v) the School's general first aid and emergency response procedures; and
    - (vi) the location of, and access to, adrenaline autoinjectors that have been provided by parents/guardians or purchased by the School for general use.
- 18.4 If the relevant training and briefing has not occurred, the Principal must develop an interim plan in consultation with the parents/guardians of any affected student with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.
- 18.5 The Principal will ensure that, while the student is under the care of supervision of the School, including excursion, yard duty, camps and special event days, there is a sufficient number of the School staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

## **19 Location of Autoinjectors and Signage**

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- 19.1 Adrenaline autoinjectors for students with anaphylaxis are located in the first aid room.
- 19.2 Copies of the ASCIA Action Plans are posted in the staff room, administration desk, principal's office and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.
- 19.3 With permission from parents/guardians and students, it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around the School.
- 19.4 During offsite or out of school activities including on excursions, school camps and at special events conducted, organised or attended by the School, Individual Anaphylaxis Management Plans and ASCIA Action Plans can be located by staff in the medical folders or on the student's Compass Portal. The Compass Portal easily identifies medical requirements through specific dedicated icons on the student profile home page, with the plans located within the profile.

## **20 Allergy/Anaphylaxis Management Checklist**

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To support implementation of this policy and help protect students at risk of Anaphylaxis from accidental exposure to food or other allergens, the School has implemented the Checklist for a Student who Identifies with an Allergy, including Anaphylaxis (refer to end of Policy).

## **21 Implementation**

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- 21.1 This policy is implemented through a combination of:
  - (a) school premises inspections (to identify wasp and beehives);
  - (b) staff training and supervision;
  - (c) maintenance of student medical records;
  - (d) effective incident notification procedures;
  - (e) effective communication with the student at risk and their parent/guardian;
  - (f) completion of the checklist and risk management strategies for students at risk of anaphylaxis;
  - (g) effective communication procedures with the school community including all students' parents/guardians; and
  - (h) initiation of corrective actions where necessary.

## **22 Breach of Policy**

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- 22.1 Breaches of this Policy:

- (a) are not acceptable by any employee;
- (b) will be responded to promptly; and
- (c) may result in disciplinary action being taken.

## **23 Review**

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This policy is reviewed every 2 years as detailed in the policy review schedule. The next review date is March 2027.

## **24 Communication**

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This policy is made available to parents/guardians via the schools website and to employees in the onboarding and induction period. It is also readily available on the school's SharePoint site.

## 25 Checklist for a Student who Identifies with an Allergy, including Anaphylaxis

Student name: \_\_\_\_\_ Year: \_\_\_\_\_

A system must be in place for checking enrolment forms for health information and arranging follow up where this or any other information indicates a student has an allergy.

Step	Actions	Tick when completed
Step 1		A copy of the form <i>Students with allergies form</i> has been provided to the parent. <b>Form 1</b>
Step 2		<b>Form 1</b> checked to determine if action including discussion with the parent/guardian is required <b>NOTE:</b> If information provided by the parent/guardian indicates no further action is required add to the student's records and as necessary manage in accordance with the school's procedures for assisting students with health conditions at school.
Step 3		Information provided from previous school (where relevant)
Step 4		Barriers to communication with parent/guardian have been considered
Step 5		Parent/guardian provided with <i>copy of this Policy and Distributing Medication and Medical Management Policy</i> <b>Form 2 and Form 3</b>
Parent provided school with completed:		
<input type="checkbox"/> <i>Authorisation to Contact Doctor form (Form 2)</i>		
<input type="checkbox"/> <i>Severe Allergies – Information from the Medical Practitioner form (Form 3)</i>		
Step 6		Meeting with parent/guardian held to discuss arrangements for supporting their child at school
Step 7		Risk minimisation strategies developed and documented ( <b>Form 4</b> )
Step 8		<i>Individual Health Support Plan</i> developed and documented (Refer to Distributing Medication and Medical Management Policy)

## 26 Form 1: Students with Allergies

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This form is to be completed by the parent /carer of a student with an allergy and returned to the principal. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy.

Dear \_\_\_\_\_ (parent/guardian's name)

You have identified \_\_\_\_\_ (student's name)

as having an allergy/allergies to \_\_\_\_\_

Please complete the questions below and return to the Principal or delegated staff member.

1. A medical practitioner has diagnosed my child with an allergy to:

- Insect sting/bite \_\_\_\_\_ (specify)
- Medication \_\_\_\_\_ (specify)

Food:

- Peanuts Y / N
- Nuts. Please specify: \_\_\_\_\_ Y / N
- Fish Y / N
- Shellfish Y / N
- Soy Y / N
- Sesame Y / N
- Wheat Y / N
- Milk Y / N
- Egg Y / N
- Other. Please specify: \_\_\_\_\_
  
- Latex \_\_\_\_\_
- Other. Please specify: \_\_\_\_\_

2. My child has been hospitalised with a severe allergic reaction Y / N

3. My child has been prescribed an adrenaline autoinjector



(EpiPen® or Anapen®)

Y / N

4. My child has an ASCIA Action Plan for Anaphylaxis

Y / N

(Please attach this and return the form)

Completed by:

(parent/guardian name - please print)

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## 27 Form 2: Authorisation to Contact Doctor

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This form is to be completed by the parent/guardian.

Student's name:

Year

I have been advised that:

1. the School may need to discuss the implications of \_\_\_\_\_ (*student's name*) medical condition(s) with their treating doctor so that the school can develop and implement an *Individual Health Support Plan*.

2. the information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the management of my child's anaphylaxis during school hours and during activities conducted under the auspices of the School.

I am advised that information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the *Individual Health Support Plan*

I consent to the health care professional identified below to provide the School with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder that might impact on the management of my child's anaphylaxis during school hours and during school related activities.

Doctor's Information:

Name:

Phone:

Address:

Mobile:

(if known)

Fax:

(if known)

Email:

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## 28 Form 3: Severe Allergies – Information from the medical practitioner

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This form is to be completed and signed by the student's treating medical practitioner, signed by the parent/guardian, returned to school and signed by the principal. Information provided will be used for the development of the student's Individual Health Support Plan at school.

Dear Doctor,

Please provide, completed and signed, the appropriate ASCIA Action Plan for Anaphylaxis for this patient outlining the emergency response for anaphylaxis. The plans can be accessed from the ASCIA website at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Please complete all parts of the plan so it can be returned to the school for use as the schools emergency response plan for this student.

The additional information requested below will further assist the school in the development of the student's *Individual Health Support Plan*.

### Additional Information Requested

Name of patient \_\_\_\_\_

This patient has:

- Mild asthma                       Moderate asthma  
 Severe asthma:                       No history of asthma

Other relevant health conditions:

Conditions known to you that may impact on the student's ability to understand the nature of their anaphylaxis and the associated risks:



This has been discussed by you with the patient/his or her parents

Yes  No

Other information or details you believe are important in managing the severe allergy at school and during activities conducted under the auspices of the school:

Completed by:

(medical practitioner - please print)

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(parent/guardian name - please print)

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal or delegate:

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 29 Form 4: Risk Management Strategies

To assist with developing strategies to avoid exposure to known allergens refer to the **Guidelines**. The Principal must exercise his or her professional judgment to endorse strategies that they believe are appropriate to the individual student. As part of that process consideration should be given to the extent to which the student understands and is able to participate in a proposed strategy. Reasons for decisions made should be documented.

Student Name:

Student Number:

Severe Allergies:

Asthmatic?  Yes\*  No

\*High risk for severe allergic reaction. In an individual with asthma who is also at risk of anaphylaxis, the adrenaline autoinjector should be used first, followed by asthma reliever medication, calling an ambulance, continuing asthma first aid and following the emergency response plan (the ASCIA Action Plan for Anaphylaxis).

Other confirmed allergies (list if any):

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Risk Management Strategies		
Risk	Strategies	Responsible
e.g. Awareness of school staff that student is at risk of anaphylaxis and where emergency medication is stored		
e.g. Awareness of students around what to do if a student is experiencing symptoms of anaphylaxis		



e.g. Off-site activities: sports and swimming carnivals, field trips, excursions		
e.g. Awareness of the student and their parent of the student's allergy and risk management strategies		

Completed by:

Principal or delegate:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_