

POLICY

Anaphylaxis

Purpose:

To explain to Sunshine Special Developmental School (Sunshine SDS) 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 Sunshine SDS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope:

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

Sunshine SDS 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.

Signs & 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 is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

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

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

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans:

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

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

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

It is the Principal's responsibility on behalf of the school to:

- Ensure an Anaphylaxis Management Plan is developed for each student that is at risk of Anaphylaxis. This is to be done in consultation with each of the student's parents/guardians as soon as practicable after the student enrolls, and then yearly or as mentioned above
- While the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there needs to be sufficient number of staff present who have up to date training in an approved training course.

It is the responsibility of the School Nurse/First Aid Officers to:

- Ensure that there is an up to date register of students at risk of Anaphylaxis, their management plan review date and their ASCIA Action Plan review date

- Coordinate, inform and participate in the completion of the Anaphylaxis Management Plan for each student at risk of Anaphylaxis, in consultation with parents/guardians
- Notify parents/guardians a month prior in writing when ASCIA Action Plan and Anaphylaxis Management Plan is due to expire
- Once the management plan is completed, a copy of the plan, along with the ASCIA Action Plan, is given to the student's teachers to display in classroom.
- If the student travels to and from school, then a copy of the student's ASCA Action Plan and Individual Management Plan are to be given to bus chaperone.
- Display the student's ASCIA Action Plan or the like in all of the following locations:
 - School's Main Office
 - Student's Classroom
 - First Aid Department
 - In student's Auto-injector container
 - Canteen
 - All Staff Collaborative workspaces
 - Specialist Classrooms.
 - OHS Board in Staffroom

Location of plans and adrenaline auto-injectors

It is specific to Sunshine SDS that Epipens are not kept on the student's person. The student's individual adrenaline auto-injectors are to be kept with the student at all times- one of the adrenaline auto-injectors is kept in the red insulated bag and remains at school, and travels with the student through the day, while the student's second adrenaline auto-injector travels with the student on the bus to and from school.

The original Individual Anaphylaxis Management Plan, together with the ASCIA Anaphylaxis Plan will be stored with the school nurse in the first aid room. A copy of the plan is also kept with the student's individual adrenaline auto-injectors. In addition, a copy of the ASCIA Anaphylaxis Plan is given to the bus that the student travels on, to and from school.

Adrenaline Auto-injectors for general use are kept in the labelled unlocked drawer in the first aid room.

At Sunshine SDSD the students' ASCIA Action Plans are in the following locations:

- School's Main Office
- Student's Classroom
- First Aid Department
- In student's Auto-injector container
- Canteen
- All Staff Collaborative workspaces
- Specialist Classrooms.
- OHS Board in Staffroom

Risk Minimisation Strategies

The key prevention of Anaphylaxis is the identification of triggers, such as allergens, and the prevention of exposure to these allergens. The school will employ a range of prevention strategies to minimise the risk of exposure to known allergens. This will be relevant for all in-school and out of school activities and settings.

Classrooms (including science & art classes):

A copy of the student's individual Anaphylaxis Management Plan must be given to the classroom teacher and the ASCIA Action Plan is displayed in the classroom.

Display the names and photos of those students at risk of Anaphylaxis and their allergens in the following locations:

- Child's classroom
- School's main office
- First Aid Room
- Specialist classrooms
- Canteen
- All staff collaborative workspaces
- In the student's Adrenaline Auto-injector container
- On OHS board in staffroom.

Ensure staff are aware of the location of the student's Adrenaline auto-injector in the classroom.

Ensure all staff are aware of the location of the Auto-injectors for General use. Adrenaline Auto-injectors for general use are kept in the labelled unlocked drawer in the first aid room.

- Liaise with parents/guardians about food related activities, such as food experiments, cooking or parties, ahead of time
- Use of non-food treats where possible, but if food treats are used in class it is recommended that parents/guardians of a student at risk of Anaphylaxis provide a treat box of alternative treats. Treat boxes should be clearly labelled and only handled by the student
- Never given 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 a student allergic to nuts. Likewise, products labelled 'may contain milk or egg' should not be given to a student with a milk or egg allergy
- Be aware of hidden allergens in food and other substances used in cooking, science and art classes, such as empty food jars, milk and egg cartons
- Care to be taken with playdough to ensure that nut oils have not been used in its manufacture
- Have regular discussions with the students on the importance of hand washing and eating their own food and not sharing. This may involve practical lessons in handwashing to teach students this life skill
- Close supervision of students during meal times to ensure students are not taking each other's food.

Cooking Programs:

- Read food labels carefully before purchasing. Products labelled "may contain nuts" should not be served or used in cooking in a class with a student at risk of Anaphylaxis
- Encourage safe food handling with students to minimise the risk of cross contamination of foods. E.g. Regular hand washing during the preparation of food, before and after eating, cleaning cutting boards between use, cleaning tables and surfaces regularly, using different knives and utensils for different foods
- Be aware of hidden allergens in food products when purchasing and cooking foods
- Remind students not to share food they have cooked with others at school
- Engage parents/guardians in discussion prior to cooking sessions and activities using food.

Class Parties/ Special Day Events:

- Discuss the class party/activities involved with the parents/guardians of the student at risk of Anaphylaxis prior to the event
- Note to be sent home to other parents/guardians discouraging specific food products
- Encourage parents/guardians of a student at risk of anaphylaxis to send a meal for the student and provide safe treats for the student to eat during the celebration
- Parents/guardians of a student at risk of Anaphylaxis may be encouraged to attend the party or special event as 'helpers'
- Student at risk of Anaphylaxis should not share food brought in by other students for the party or special day
- Sufficient school staff supervising class party or special day events must be trained in the administration of an Adrenaline Auto-injector in the event of an Anaphylactic reaction

- Party balloons should not be used if any student is allergic to latex
- If special day event involves animals, care to be taken as some animal feed contains food allergens, such as nuts in birdseed, milk and egg in dog food and fish in fish food. During these animal visit ensure:
 - All students wash their hands after touching and interacting with the animals
 - Encourage parent/guardian of the student at risk of Anaphylaxis to be present during the visit to ensure student does not place fingers in mouth.

The Yard:

- Whilst outside on yard duty, sufficient school staff must be trained in the administration of an Adrenaline Auto-injector in the event of an emergency
- School staff who undertake yard duty must be able to identify those students at risk of Anaphylaxis by face
- The student's individual Adrenaline Auto-injector and Anaphylaxis Management Plan must be taken out on yard duty when the student is outside at recess, lunch or for activities. All staff are to be aware of the school's first aid and emergency response procedures
- Students that are at risk of Anaphylaxis from insects should be encouraged to stay away from water and flowering plants, wear long sleeved light or dark-coloured clothing and closed-toe shoes
- Lawns to be mowed regularly and outdoor bins covered securely
- While outdoors, students to keep drinks and foods covered.

The Canteen:

- Display the names and photos of those students at risk of Anaphylaxis and their allergens in the canteen
- All foods being provided by the Canteen should be healthy and free of allergens
- Encourage safe food handling with students to minimise the risk of cross contamination of foods. E.g. Regular hand washing during the preparation of food, before and after eating, cleaning cutting boards between use, cleaning tables and surfaces regularly, using different knives and utensils for different foods
- Be aware of hidden allergens in food products when purchasing and cooking foods

Excursions/Outings:

- Sufficient school staff attending the must be trained in the administration of an Adrenaline Auto-injector in the event of an Anaphylactic reaction
- The student's individual Adrenaline Auto-injector with a copy of their Anaphylaxis Management Plan must accompany the student on all excursions and outings, and staff attending should know their exact location
- If the student at risk of Anaphylaxis is attending the excursion/outing, then 2 Adrenaline Auto- injectors must accompany the student on the excursion/outing. In the case where the student only has provided one Adrenaline Auto-injector, an Adrenaline Auto-injector for General Use must also accompany the student. This is to be used as a backup device and must be logged on a movement register
- For each excursion/outing a risk assessment should be undertaken for each individual student attending who is at risk of Anaphylaxis
- All school staff attending the excursion/outing must know the identity of those students attending who are at risk of Anaphylaxis, and be able to identify them by face
- Consider adding a reminder to the excursion permission forms regarding children with allergies, and encourage parents/guardians not to send foods for lunch or snacks with specific allergens
- No sharing of food- students are to only eat their own food
- If buying lunch or snacks whilst on the excursion, attending teacher to check with food outlet regarding hidden allergens and safe options. Discuss with parent/guardian the provision for the student at risk of Anaphylaxis to have an alternative menu or provide them one from home
- No eating whilst travelling in school bus or public transport.

Camps:

- Prior to camp occurring, School staff need to consult with parents/guardians of students at risk of Anaphylaxis to ensure the individual Anaphylaxis Management Plan is up to date and relevant to the circumstances of the particular camp
- The student's Adrenaline Auto-injector, Anaphylaxis management plan, including ASCIA plan, and mobile phone must be taken on camp
- If mobile phone access is not available at camp site, a satellite phone is to be taken

- Adrenaline Auto-injector for General use must also be taken to camp, even if there is no student at risk of Anaphylaxis as a back- up device in the event of an emergency. This is to be used as a backup device and must be logged on a movement register
- A risk assessment of camp must be completed for each student attending who is at risk of Anaphylaxis. This needs to be done in consultation with the student’s parents and camp operator, if applicable
- School staff participating in camp should be clear about their roles and responsibilities in the event of an anaphylaxis emergency. All staff attending must be able to identify the students at risk of anaphylaxis by face and know the location of the Adrenaline Auto-injectors at all times, whilst at camp
- Sufficient school staff attending the must be trained in the administration of an Adrenaline Auto-injector in the event of an Anaphylactic reaction
- Discussion with the camp provider regarding the provision of safe foods for those students at risk of Anaphylaxis. School is to ensure camp cook has knowledge in prevention of cross- contamination of foods, food handling practices and major food allergens
- Use of substances and foods containing hidden allergens must be avoided and not stocked at camp site
- Care to be taken not to use allergens in cooking or art/craft activities
- Students at risk of anaphylaxis from insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from flowering plants and water.

Adrenaline auto-injectors for general use

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

Adrenaline auto-injectors for general use will be stored at the school’s first aid room, in an unlocked drawer, clearly labelled “general use”.

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

- the number of students enrolled at Sunshine SDS at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors 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.

The original complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the school nurse with copies distributed and posted around the school. 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 auto-injectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> • 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 auto-injector or the school’s general use auto-injector, and the student’s Individual Anaphylaxis Management Plan, stored with the student’s individual Auto – injector. The original plan is stored in the first aid room. • 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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student’s outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000/112)
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 auto-injectors are available
5.	Contact the student’s emergency contacts.

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.

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

Emergency response at the Base rooms:

Where possible, only staff trained in the administration of the Adrenaline Auto-injector should administer the student’s Adrenaline Auto-injector. However, the Adrenaline Auto-injectors are designed for general use and in the event of an emergency, can be administered by any person, following the instructions on the student’s ASCIA Action Plan.

- A student experiencing an anaphylactic reaction should not be moved unless in physical danger, and staff involved need to ensure the student does not stand or walk. If the student experiencing breathing difficulty, then allow them to sit and not stand
- Staff are to remain with the child experiencing an anaphylactic reaction and administer student’s own Adrenaline Auto-injector as per ASCIA Action Plan. Provide reassurance
- Staff to call ambulance on 000/112 and state they have administered an Adrenaline Auto-injector to a child having an anaphylactic reaction
- Other staff attending are to move other students elsewhere and provide reassurance. Contact the main office of Sunshine SDS as soon as possible even if only a mild to moderate allergic reaction has occurred. Provide them with the following information:
 - Student’s full name and that they are having an anaphylactic reaction
 - Exact location in the Base room or hosting school
 - Front office to contact parents/guardians

Front office to notify Host School:

- In the event there is no marked improvement or severe symptoms progress, (as described in the student’s ASCIA Action Plan), a second auto-injector of the same dosage may be administered after 5 to 10 minutes, if available. Inform ambulance of the need to administer the second Adrenaline Auto-injector.
- Principal or member of Leadership will attend the Base room immediately to help manage the situation
- Principal/ leadership member to contact Emergency Services Management, Department of Education & Training (DET) on 9589 6266 (available 24 hours a day, 7 days a week) and report incident.

Emergency Response Out of School Environment:

For Individual Excursions and Camps, a risk assessment is required for each student attending the outing/camp that is at risk of Anaphylaxis.

- Staff volunteers attending must be able to recognise the student at risk of Anaphylaxis by face
- Staff/volunteers in charge of students at risk of Anaphylaxis must have access to the student’s Individual, Management Plan, ASCIA Action Plan, and Adrenaline Auto-injector. They must know of its whereabouts at all times and must be kept in close proximity to the student at risk of Anaphylaxis

- Where possible, only staff trained in the administration of the Adrenaline Auto-injector should administer the student's Adrenaline Auto-injector. However, the Adrenaline Auto-injectors are designed for general use and in the event of an emergency, can be administered by any person, following the instructions on the student's ASCIA Action Plan
- A student experiencing an anaphylactic reaction should not be moved unless in physical danger, and staff involved need to ensure the student does not stand or walk. If the student experiencing breathing difficulty, then allow them to sit and not stand
- Once the Adrenaline Auto-injector is administered as per the instructions on the student's ASCIA Action Plan, the empty Auto-injector is returned to its container and must stay with the student so that it can be given to the ambulance. The time of its administration must be recorded so as to relay to ambulance when it arrives
- Call 000/112 immediately after administering the Adrenaline Auto-injector. Stay with the student, reassure and monitor for deterioration. Ask another staff member to move other students away and reassure them elsewhere
- In the rare situation where there is no marked improvement and severe symptoms are present, a second Adrenaline Auto-injector of the same dosage (if available) can be administered after 5 to 10 minutes. Inform ambulance of the need to administer the second Adrenaline Auto-injector
- Contact school/Principal. If possible, the Principal or member of Leadership will attend the incident site or coordinate assistance to help manage the situation
- Principal/ leadership member to contact Emergency Services Management, Department of Education & Training (DET) on 9589 6266 (available 24 hours a day, 7 days a week) and report incident.

Staff training

Apart from participating in the twice yearly briefing, the following staff must undertake the following training:

- All existing staff were trained by an external provider in 22099VIC/22300VIC First Aid Management In Anaphylaxis, that will continue to occur every 3 years;
- All new staff not present at the above face-to-face training every 3 years will need to successfully complete ASCIA Anaphylaxis online e-training every two years. They will also need to have their competency in the administration of an adrenaline auto-injector checked by the school's Anaphylaxis Supervisor every two years. This competency check must be undertaken by the supervisor within 30 days of a relevant number of school staff completing the online training course.

The relevant school staff include:-

- Those who conduct classes that any student at risk of Anaphylaxis attends;
- Any further school staff that the Principal identifies as requiring training based on the assessment risk

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, i.e. the School Anaphylaxis Supervisor.

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 auto-injector, including hands on practice with a trainer adrenaline auto-injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

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

The principal will also 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.

Communication Plan

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

Staff Awareness:

All relevant school staff, who are identified by the principal, need to undertake either the face-to-face training held every 3 years by an external training provide, or complete Anaphylaxis online training and have their competency checked by the school anaphylaxis supervisor, every two years. This pertains to new staff that were not present during the face-to-face training every 3 years.

Twice yearly, all staff, including bus drivers & chaperones are required to attend an Anaphylaxis briefing session. The first briefing is to be held at the beginning of the school year.

- This conducted ideally by the school anaphylaxis supervisor, or alternatively by a staff member who has successfully completed their anaphylaxis online in the previous two years
- Twice yearly Briefing must include information on:
 - the school's legal requirement as Outlined in Ministerial Order 706
 - Pictures of the students at the school at risk of anaphylaxis, their allergens and classes
 - Signs and Symptoms of Anaphylaxis
 - Relevant anaphylaxis training
 - ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen
 - School's first aid Policy and Emergency Response Procedures
- A copy of the student's individual Anaphylaxis Management Plan must be given to the classroom teacher and the ASCIA Action Plan is displayed in the classroom.
- When students at risk of Anaphylaxis are travelling to and from school in DET provided transport a copy of their ASCIA Action Plan and their Adrenaline Auto-injector are kept in a container in their school bag.
- The names and photos of those students at risk of Anaphylaxis and their allergens is to be displayed in the following locations:-
 - Child's classroom;
 - School's main office;
 - First Aid Room
 - Specialist classrooms
 - Canteen
 - All staff collaborative workspaces
 - OHS Board in staff room
 - In the student's Adrenaline Auto-injector container
- All new staff, will be given Anaphylaxis information and training as part of their induction program.
- If a chaperone on a bus that transports students at risk of Anaphylaxis, changes, the new permanent chaperone will be given a briefing on Anaphylaxis including the administering the Adrenaline Auto-injector by the school nurse and will then attend the twice yearly briefings.

Student Awareness:

- Class teachers are to raise awareness with students about:
- The importance of not sharing food
- The importance of washing hands after handling food
- If a school friend becomes sick, how to get help immediately.

Volunteers and Casual Relief Staff:

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Sunshine SDS's 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.

- Volunteers and casual relief staff of students at risk of Anaphylaxis will be informed by the Daily Organiser and or the Learning Centre Leader of the identity of these students, the location of their Adrenaline Auto-injector and ASCIA Action Plan, and their role at responding to an anaphylactic reaction
- All CRT lanyards contain information regarding the school's students at risk of anaphylaxis. This lanyards are handed out to CRT staff at the commencement of the school day.

Yard Duty Staff:

- To ensure whilst out on yard duty Staff that have a student at risk of Anaphylaxis is carrying the student's own Adrenaline Auto-injector and a copy of their ASCIA Plan.

Parents:

- A general notice in the School's newsletter to go out to parents/guardians at the start of each school term.
- At the beginning of each term, a letter is to be mailed to parents/guardians of students that are in the same class as a student at risk of Anaphylaxis, informing them of:
 - The fact that there is a student in their child's class who is at risk of Anaphylaxis;
 - A general statement explaining the seriousness of Anaphylaxis and reminder of the specific allergens;

Annual Risk Assessment

The principal or nominee 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.

Further Information and Resources

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- Department of Education and Early Childhood Development – Victoria
- Ministerial Order 706 (effective 22nd April 2014 and updated August 2016)
- Sunshine SDS Asthma policy
- Health Care Needs Policy

Review Cycle and Evaluation

This policy will be evaluated as part of a 1 year cycle of policy review

Reviewed by J. Buttigieg (RN Division 1) 20th February 2019

This policy was last updated on 19th March 2019 and is scheduled for review in March 2020.

Version: Final

Review Date: March 2020

'Sunshine SDS is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices heard about decisions that affect their lives'.