

**VILLAGE SCHOOL
ANAPHYLAXIS POLICY**

Village School will comply with the guidelines related to Anaphylaxis Management in schools as published and amended by the Department of Education and Training.

[Ministerial Order No 706 – Anaphylaxis Management in Victorian Schools](#)

A complete list of all student medical conditions (not limited to anaphylaxis and asthma) is displayed in the first aid room (See Appendix 6 of First Aid Policy). This list is updated each time a new student (with a medical condition) commences or departs the school and at the start of each month. The second page of the list also has the list of all medications in our First Aid Bags, First Aid room, Hall and Kitchen to ensure that all medication is within its expiry date.

The school will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- during classroom activities (including specialist classes)
- between classes and other breaks
- in the kitchen area
- during recess and lunchtimes
- before and after school; and
- special events including incursions, cultural days, class parties, excursions, and camps.

Individual Management Plans

The principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is in place as soon as practicable after the student enrolls at the School and where possible before the student's first day of attendance at that school. It is the responsibility of the parent to provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed. The 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 an anaphylactic reaction, where the school has been notified of that diagnosis.

The Individual Anaphylaxis Management Plan must include:

- information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified 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 strategies
- information on where the student's medication will be stored

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- the student's emergency contact details
- an action plan for Anaphylaxis in a format approved by the ASCIA (ASCIA Action Plan), provided by the parent

A student's Individual Anaphylaxis Management Plan will be reviewed by the school in consultation with the student's parents in all the following circumstances:

- 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 a student has an anaphylactic reaction at school
- 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

The school will ensure that the parent will:

- Provide the ASCIA Action Plan
- Inform the school in writing of their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan
- Provide an up-to-date photo for the ASCIA Action Plan when that plan is provided to the school when it is reviewed.
- Provide the school with an Adrenaline Autoinjectors (EpiPen) that is current and not expired for their child.

1 Within the school

1.1. Classrooms

1. Copy of the student's Individual Anaphylaxis Management Plan to be kept in the student's classroom.
2. Classroom teachers will be aware of the student(s) at risk of Anaphylaxis and will implement their individual action plan if an incident occurs.
3. Educate the children about Anaphylaxis and the appropriate safety behaviors that children can practice.
4. Liaison with parents about food-related activities ahead of time
5. Generally there will be no food sharing between children
6. Use non-food treats where possible, but if food treats are used it is recommended that the parent provide a treat box

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7. Never give food from outside sources to a student(s) who is at risk of Anaphylaxis
8. Treats from other students in class should not contain the substances to which the student(s) is allergic
9. 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.
10. Awareness of possible hidden allergens in food and other substances used in cooking, science, and art classes
11. Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
12. Regular discussions with students about the importance of washing hands, eating their own food, and not sharing food
13. The Principal or nominated person should inform 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 Autoinjectors (EpiPens), the School’s Anaphylaxis Policy and each person’s responsibility in managing an incident
14. At the beginning of the school year, the classroom teacher will share with parents any anaphylactic allergies present in the classroom with a view of minimizing potential allergens from entering the classroom.

1.2. Kitchen area

1. Kitchen volunteers to be trained in food allergen management and its implications on food handling practices
2. Kitchen volunteers are briefed about students at risk of Anaphylaxis by the principal
3. Display the student’s name and photo in the kitchen area as a reminder to volunteers
4. Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts without prior parental approval. Products labelled “may contain milk or egg” should not be served to students with milk or egg allergy without prior parental approval.
5. Tables and surfaces are wiped down regularly
6. No sharing of food approach is adopted

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7. Awareness of contamination of other foods when preparing, handling, or displaying food.

1.3. School Grounds

1. Sufficient supervision of a student who is at risk of Anaphylaxis by a staff member who is trained in the administration of Adrenaline Autoinjectors (EpiPens)
2. Adrenaline Autoinjectors (EpiPens) and Individual Anaphylaxis Plans are easily accessible from the school grounds
3. A communication plan is in place for Staff-on-Staff Duty so medical information can be retrieved quickly and all staff are aware how to inform the Principal if an anaphylactic reaction occurs during recess or lunch time.
4. Staff on duty can identify those students at risk of Anaphylaxis
5. Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants
6. Students with anaphylactic responses to bees are not to go near the beehives. A risk minimisation plan is to be developed for those students involved in the Beekeeping course (may involve not participating in certain aspects of the course).
7. Students are to keep drinks and food covered while outdoors
8. Staff who are anaphylactic have their medical plan visible in the First Aid Room and their Adrenaline Autoinjectors (EpiPens) is either on them or in the room they are working

1.4. Special Events (ie. Sleepover, celebratory nights, etc)

1. Parents /guardians to complete the Confidential Medical Information for School Excursions form
2. Sufficient staff who have been trained in the administration of an Adrenaline Autoinjectors (EpiPens) are supervising students
3. Using food for activities or games will be avoided by all staff.
4. Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk

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5. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats/food whilst they are at a special school event ie. School BBQ's, final performance night party, graduation night
6. Party balloons are not to be used if a student has an allergy to latex.

2 Out-of-school settings

2.1. Excursions

1. Parents/guardians to complete the Confidential Medical Information for School Excursions form
2. Risk Assessment for each individual student attending
3. Staff trained in administering an Adrenaline Autoinjectors (EpiPens) are to attend
4. During off site excursions the excursion folders (see Appendix 5 of First Aid Policy) has all students with medical conditions on the first page of the folder - alerting the teacher in charge as to which student's medication and plan (in the hang up bag) are to be placed in the first aid backpack. The student needs to remain with the teacher who has their medication. The first aid backpack contains a spare Adrenaline Autoinjectors (EpiPens) if required.
5. Appropriate methods of communication must be discussed
6. Identify the location of the Adrenaline Autoinjectors (EpiPens) ie. Who will carry it?
7. Individual Anaphylaxis Management Plans and Adrenaline Autoinjectors (EpiPens) are to be easily accessible, and staff must be aware of their location
8. Risk assessment of the excursion/camp/tour must be completed prior to departure
9. The Principal should consult parents of anaphylactic students in advance to discuss issues that might arise, develop an alternative food menu or request the parent provide the meals (if required)
10. Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the excursion/camp.

2.2 Camps / Remote Settings

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1. Parents/guardians to complete the Confidential Medical Information for School Excursions form
2. During off site excursions the excursion folders (see Appendix 5) has all students with medical conditions on the first page of the folder - alerting the teacher in charge as to which student's medication and plan (in the hang up bag) are to be placed in the first aid backpack. The student needs to remain with the teacher who has their medication. The first aid backpack contains a spare Adrenaline Autoinjectors (EpiPens) if required.
3. Village School attempts to only use operators who can provide food that is safe for anaphylactic students
4. Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of Anaphylaxis.
5. The Principal should consult with parents of students at risk to ensure appropriate risk minimization strategies are in place. Parents will be fully informed of the relevant considerations, such as:
 - the remoteness of the camp (distance to the nearest hospital)
 - mobile telephone coverage (in some locations, coverage is not reliable)
 - The potential action plan in case of an incident
6. The School will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of Anaphylaxis. If required, the parent may be requested to provide the meals.
7. The use of substances containing allergens should be avoided where possible
8. The Student's Adrenaline Autoinjectors (EpiPens) and action plan must be taken on camp and a mobile phone. If there is no mobile phone access e.g., Satellite phone will be carried.
9. Adrenaline Autoinjectors (EpiPens) should remain close to the student and staff must be always aware of its location
10. Students with anaphylactic responses to insects should wear closed shoes and long-sleeved garments when outdoors and are encouraged to stay away from water and flowering plants
11. General use Adrenaline Autoinjectors (EpiPens) are included in the camp first aid kits
12. Consider exposure to allergens when consuming food during travel on bus etc

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and whilst in cabins/tents/dormitories/ etc. Request parents not to provide treats/food for students to consume on camp (unless requested by the school)

13. Cooking and art and craft games should not involve the use of known allergens

3 Location of Action Management Plans and Adrenaline Autoinjectors (EpiPens)

Location	Adrenaline Autoinjectors (EpiPens) Location	Student's Action Plan
Office Building	First Aid Room	First Aid Room
Classroom	With the classroom teacher	With the classroom teacher
Kitchen	With the student, First Aid Room	Kitchen, First Aid Room
Hall	With the student, First Aid Room	First Aid Room, Hall
Other Classrooms	With the student, First Aid Room	First Aid Room, Child's own classroom
Sport outside	First Aid Room, Classroom	First Aid Room, Classroom

The following information is available at the office and on the internal school drive, which is accessible to all school staff: a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction; and the information contained in Individual Anaphylaxis Management Plans (original plans located in the First Aid room). It is the responsibility of the Teacher-In-Charge of the camp or excursion to ensure that all relevant medical information, medicines, and equipment are available and that all supervisors and staff members are familiar with those students at risk of Anaphylaxis. These plans and kept in an emergency First Aid bag that is, at all times, with the Teacher-In-Charge. He or she will inform other staff of their whereabouts.

4 School Management and Emergency Response

This policy integrates with the School's general first aid and emergency response procedures. The school's First Aid procedures and the student's emergency procedure plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction. The

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Individual Anaphylaxis Management Plan and the ASCIA Action Plan must include procedures for any emergency response to anaphylactic reactions.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care and supervision of the school outside of normal class activities, including in the school yard, at camps or excursions, or at special events conducted, organized or attended by the school, the Principal must ensure that there is a sufficient number of school staff present who have been trained in accordance to the Ministerial Order No. 706.

In the event of an anaphylactic reaction, the emergency response procedures in the Anaphylaxis Policy must be followed, together with the school's general first aid, the emergency response procedures and the student's ASCIA Action Plan.

If an Adrenaline Autoinjectors (EpiPens) is administered, the School must:
Immediately call an ambulance on 000. Always remain in contact with emergency services.
Record the time of injection – VERY IMPORTANT
Lay the students flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow to sit but <u>do not stand</u> .
Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened because of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. 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 injection may be administered after five minutes, if a second Adrenaline Autoinjectors (EpiPens) is available
Notify the Principal of the incident, so that they or the office staff may contact the student's emergency contacts.

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5 Adrenaline Autoinjectors (EpiPens)

The Principal is responsible for arranging the purchase of additional adrenaline autoinjector(s) for general use and as back up to those supplied by parents.

Students are discouraged from providing the School with auto-injectors other than Adrenaline Autoinjectors (EpiPens), as staff training has focused on Adrenaline Autoinjectors (EpiPens).

The Principal will determine the number of adrenaline autoinjector(s) for general use to purchase, and in doing so, consider the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

6 Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information on the nature of Anaphylaxis, its symptoms and the school's Anaphylaxis policy to all Village School Community members; staff, students and parents.

Staff are informed about Anaphylaxis through:

- First Aid Anaphylaxis training
- Staff meetings announcements

Each semester during a staff meeting, staff will review the following:

- the school's Anaphylaxis management policy
- the causes, symptoms and treatment of Anaphylaxis
- the identities of students diagnosed at risk of Anaphylaxis and where their medication is located
- how to use an auto-adrenaline injecting device
- the school's first aid and emergency response procedure.

Parents are informed about Anaphylaxis and the Anaphylaxis policy through:

- Newsletter,
- Emails,
- Noticeboard displays,
- the Village School website.

Students are informed about anaphylaxis:

- and the causes, symptoms and treatment of Anaphylaxis
- during whole school meetings while all students are present.
- St. Johns Ambulance also visits the school every two years to run First Aid training sessions with the students and educate the students about taking all allergies seriously.
- Raising peer awareness of anaphylaxis - knowing what triggers a peer's anaphylaxis and what devices they use

- Ensuring prevention strategies are implemented, such as brainstorming with children how to minimise the risk, eg, not sharing food or bringing products containing peanuts.
- And what to do if they suspect someone is having an anaphylactic reaction, eg. Get a staff member as soon as possible.

The school will publish regular notices (on a yearly basis), in the Newsletter, raising awareness of Anaphylaxis and providing information to parents/caregivers of step-by-step procedures for how to respond to an anaphylactic reaction and reminding parents of the need to notify the school in the event of their child being diagnosed with the condition.

New enrolments will be asked about their Anaphylaxis status to ensure that the school has an accurate record of students at risk and is able to develop new individual action plans prior to a new student commencing their studies at the school. Parents/guardians of a child diagnosed at risk of Anaphylaxis have been provided a copy of the school's Anaphylaxis Management Policy.

The school Anaphylaxis Management Plan will be included in the staff Roles & Responsibilities and published on the school's internal drive. There will be a dedicated file on the school's internal drive that will contain details of all students who have been diagnosed with severe medical conditions.

These briefings will also be used to remind staff about the Student at Risk file and where it is located on the internal drive.

At the beginning of each school year, all known volunteers and casual relief teachers (CRT) will be informed of students at risk of Anaphylaxis and their role in responding to an Anaphylactic reaction of a student in their care by being given information in a CRT folder. The contents page of the CRT folder is included as Appendix 1.

This briefing will refer to our new student intake for the year, as well as our existing enrolments. A photo of all students / staff will be displayed and include the relevant information about what would be likely to cause their anaphylaxis reaction. The following information for immediate action for anaphylaxis is included in the briefing.

PROCEDURES FOR ANAPHYLACTIC REACTIONS – ONSITE AND OFFSITE

In the event of an anaphylactic reaction during normal school activities, including in the classroom, in the school yard, in school buildings and sites including the school hall, the procedure in Appendix 2 must be followed.

During off-site or out-of-school activities, including on excursions, school camps and at special events conducted, organised and attended by the school the following procedures must be followed.

- Prior to leaving the school on an excursion (including camp), the teacher in

charge/office staff will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and current medication on their person for the day/duration of the camp.

- Anaphylaxis Emergency Kit(s) are always kept in the school's First Aid Bag and taken on all excursions/camps. A class folder listing all students with medical conditions on the front page is also taken on all excursions/camps (See Appendix 5 of the First Aid Policy).
- The staff involved must address the risk minimisation procedures prior to the event and ensure precautions are taken. Risk minimisations procedures should also include informing the students of anyone with Anaphylaxis attending the off-site activity, and any known triggers they may have and what devices they use. The students are reminded that they must notify an adult immediately if they suspect someone is having an anaphylactic reaction. The student's ASCIA Action Plan, along with their Individual Risk Minimisation Plan, outlines specific guidelines to consider.
- In the event of an anaphylactic reaction offsite, the teacher is to implement the student's ASCIA Action Plan immediately and call an ambulance by dialling 000 and then notify the school. The procedure to be followed can be found in Appendix 2.
- The Principal and a member of the Leadership Team should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

7 Staff Training

It is the Principal's responsibility to ensure that the following school staff will be appropriately trained in accordance with clause 12 of Ministerial Order no. 706:

- School Staff who conduct classes containing students with a medical condition that relates to allergy and the potential for Anaphylactic reaction; and
- All other School Staff who oversee a group on their own, whether it contains a student who is Anaphylactic or not.
- All learning support staff who work alongside the teachers.
- All administration staff who work in the office area.

The identified School Staff will undertake the following training:

- All members of staff whether they be administrators, learning support or teachers must have **Basic First Aid** training (HLTAID011) which must be completed every 3 years. All members of staff must have successfully completed an anaphylaxis management training course (HLTAID009) in the three years prior, or an online

anaphylaxis management training course in the two years prior.

An “anaphylaxis management training course” means:

- 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;
- a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
- 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
- any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.

An online anaphylaxis management training course means the course, developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA), and approved by the Secretary pursuant to clause 5.5.4 of this Order, at the time of the making of this Order called ASCIA Anaphylaxis eTraining for Victorian Schools. To successfully complete the online training, staff are required to show that they are able to use an adrenaline auto-injector within 30 days of completion of the training course.

- It is the Principal’s responsibility, in accordance with clause 12 of Ministerial Order no. 706 to ensure that all staff school staff who are subject to training requirements in accordance with clause 12.1 must participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 in the two years prior. They should be briefed on:
 - the School’s Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of Anaphylaxis
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
 - the student’s emergency procedures plan (ASCIA Action Plan)
 - how to use an Adrenaline Autoinjectors (EpiPens), including hands on practise with a trainer Adrenaline Autoinjectors (EpiPens) device
 - the School’s general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjectors (EpiPens) that have been provided by Parents or purchased by the School for general use.

The Principal will ensure that while the student is under the care or supervision of the

School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Any further school staff that 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 must be trained. Annual Risk Management Checklist

It is a requirement that the Principal complete an Annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time. The following information is collected to inform the checklist:

- Send home a medical information form to be updated on a yearly basis to ensure parents inform the school of current medical information and plans, which will include information related to Anaphylaxis threats.
- Check there have been two staff in-services on procedures for administering auto-injection devices.
- Check the use by dates on Adrenaline Autoinjectors (EpiPens) devices twice yearly, at the same time as staff are updated.
- Check that the school community is regularly informed through the newsletter of the policy of no food sharing between children in groups that contain a child with an Anaphylaxis threat due to food allergies.
- Ensure action plans with photos of the children at risk of Anaphylaxis are clearly displayed in classrooms, first aid room and the community rooms i.e., kitchen, first aid rooms and classrooms are updated annually, or if the student's medical condition insofar as it relates to allergy and the potential for anaphylactic reaction changes, or as soon as practicable after a student has an anaphylactic reaction at school, or 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
- Review this policy annually to ensure the school is compliant with the latest directives from the ministry and the education department.

8 Evaluation

The Principal shall:

- discuss with staff their knowledge of issues following staff participation in Anaphylaxis management training
- audit enrolment checklists (e.g., annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of Anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints

- review the adequacy of the response of the school if a child has an Anaphylactic reaction and consider the need for additional training and other corrective action.
- Ensure the First Aid officer oversees the maintenance and care of the Anaphylaxis First Aid kits.
- Ensure ongoing Anaphylaxis training for staff.

Parents/guardians shall:

- read and be familiar with the policy
- identify and liaise with the nominated staff member
- bring relevant issues to the attention of staff.

REFERENCE DOCUMENTS

Village School Policies	Agreements, Acts & Regulations
VS 9.0 Occupational Health and Safety	Occupational Health and Safety Act 2004 Victoria.
VS 14.0 Asthma Policy	
VS 9.1 First Aid Policy	Village School's Accidents and Injuries Register
VS 12.1 Child Safety Policy	
VS 12.2 Child Protection Manual	
VS 12.3 Child Safety Code	
VS 12.4 Child Protection – Mandatory Reporting	



To Delight and Inspire

Village School

INFORMATION CASUAL RELIEF STAFF

ROOM 5

CLASS TEACHER –

Contents:

- CRT Schedule provided by the class teacher
- Class Checklist
- Philosophy
- Whole School Timetable
- Tuesday/Thursday Rotations
- Sport Cycles
- Yard Duty Timetable
- Incident Report Forms
- Learning Support Timetable
- Student Information
 - Medical
 - Dietary
 - Photo permissions for newsletter/website
 - Permission to apply sunscreen
 - Transport permission
- Emergency Management Plan
- Onsite Evacuation Plan (which is also displayed on the wall of each classroom)
- Offsite Evacuation Plan (which is also displayed on the wall of each classroom)

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)


Watch for ANY ONE of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR Record time

3 Phone ambulance - 000 (AU)

4 Phone family/emergency contact

5 Further adrenaline 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 INJECTOR

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

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

EpiPen®



1

Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**



2

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



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. **REMOVE EpiPen®**

EpiPen® is prescribed as follows:
 EpiPen® Jr (150 mcg) for children 7.5-20kg
 EpiPen® (300 mcg) for children over 20kg and adults

Anapen®



1

PULL OFF BLACK NEEDLE SHIELD



2

PULL OFF GREY SAFETY CAP from red button



3

PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



PRESS RED BUTTON so it clicks and hold for 3 seconds. **REMOVE Anapen®**

Anapen® is prescribed as follows:
 Anapen® 150 Junior for children 7.5-20kg
 Anapen® 300 for children over 20kg and adults
 Anapen® 500 for children and adults over 50kg