



Anaphylaxis guidelines for Queensland state schools

Last updated February 2013



Foreword

The Queensland Department of Education, Training and Employment is committed to ensuring the health, safety and wellbeing of all students in Queensland state schools. A vital component of this commitment is to ensure that state schools are provided with current advice to support students with health conditions to engage in the full range of school-based activities.

The *Anaphylaxis Guidelines for Queensland State Schools* provide specific information for Queensland state schools on how to manage and treat students with severe allergies who are at risk of anaphylaxis. They are also relevant to support staff, visitors or previously undiagnosed students who require emergency first aid in response to an anaphylactic reaction.

These Guidelines should be read in conjunction with:

- The [Management of Students with Specialised Health Needs](#) procedure which provides practices for schools to ensure that students have access to a reasonable standard of support for their health need/s whilst attending school or school-based activities.
- The [Administration of Medications in Schools](#) procedure which explains the roles and responsibilities for schools in storing and administering medication.



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1. What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive.

Allergens or trigger substances that may cause anaphylaxis in school-aged children are:



Peanuts



Tree nuts



Insect stings



Shellfish



Fish



Certain medications



Eggs



Cow's milk

Other potential allergens may include soy, sesame, wheat, seeds, coconut and latex. The Australasian Society of Clinical Immunology and Allergy has details of a wide range of allergens within their Anaphylaxis Resources for patients and consumers at <http://www.allergy.org.au/patients>



2. Duty of care

Education authorities have a duty of care to take reasonable steps to keep students safe at school. This includes minimising the risk of personal injury to students, seeking medical assistance and administering emergency medication when a student has signs and symptoms of anaphylaxis.

First aid requirements for all schools

All Queensland state schools, including departmental outdoor and environmental education centres, have the responsibility of administering emergency first aid which may include a response to a first time episode of anaphylaxis. Queensland state schools are required to:

- maintain a minimum of one school adrenaline auto-injector stored within a school first aid kit
- determine, through a risk assessment process, the purchase of any additional auto-injectors
- ensure relevant staff members (e.g. first aid officers) are trained in anaphylaxis management and in administering an adrenaline auto-injector.

Specific requirements to cater for diagnosed students

Schools with a student diagnosed at risk of anaphylaxis should:

- ensure sufficient staff members are trained in anaphylaxis management
- be familiar with students' Action Plan for Anaphylaxis
- be familiar with the *Anaphylaxis Guidelines for Queensland State Schools*
- be aware of the roles and responsibilities of parents, the principal (or site administrator), school staff and students
- develop an *Anaphylaxis Risk Management Plan*.



3. Anaphylaxis Action Plans

A student with diagnosed anaphylaxis or mild to moderate allergic reactions should have an Action Plan completed by their medical practitioner. Action Plans are standardised templates developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA), available on their website and detail how to manage a patient's allergic reaction should it occur.



Action Plan for EpiPen®

There are a number of different Action Plan templates which are colour coded to indicate the severity of the allergic reaction and the type of medication or adrenaline auto-injector the patient may use.



Action Plan for Anapen®



Action Plan for Allergic Reactions



Action Plan for Anaphylaxis (general)

There is also an Action Plan for Anaphylaxis (general), which provides standard emergency procedures for anaphylaxis and can be used as a poster or to accompany an adrenaline auto-injector for general use in a first aid kit.

Action Plans are available <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>



4. Signs and symptoms of anaphylaxis

The signs and symptoms of anaphylaxis usually occur within the first 20 minutes after exposure to an allergen but in some cases can be delayed up to two hours or more. Rapid onset and development of potentially life-threatening clinical effects are characteristic markers of anaphylaxis. The following are typical signs and symptoms of allergic reactions. The student's Action Plan for Anaphylaxis (Action Plan) will provide information specific to their health condition.

Anaphylactic reaction (severe allergic reaction)

Signs and symptoms of anaphylaxis may include one or more of the following:

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- swelling or tightness in the throat, difficulty in swallowing
- confusion
- pale and floppy (for young children)
- shortness of breath, repetitive coughing and/or wheezing
- chest tightness
- faint, rapid pulse, low blood pressure (may also have cool sweaty skin)
- loss of consciousness and/or collapse
- vomiting, abdominal pain (for insect sting allergy).

Mild to moderate allergic reaction

Signs and symptoms of a mild to moderate allergic reaction may include one or more of the following:

- tingling of the mouth
- hives, welts or body redness
- flushing and/or swelling of the face, lips, eyes
- anxiety
- vomiting, abdominal pain (except in insect sting allergy where vomiting and/or abdominal pain indicate an anaphylactic reaction).



5. Equipment for anaphylactic emergencies

5.1 Student's equipment

Each student diagnosed to be at risk of anaphylaxis should have their own anaphylaxis emergency kit. This kit contains:

- their personal adrenaline auto-injector (EpiPen® or Anapen®) to administer if required
- their red ASCIA Action Plan for Anaphylaxis (personal) to provide personalised instructions
- a pencil and blank paper to write down the exact time of administration to provide to the paramedics
- The storage of the student's anaphylaxis emergency kit will be determined by the school in consultation with the parent and student after careful consideration of the risks involved.



Example of student's anaphylaxis emergency kit

5.2 School emergency equipment

All schools are required to maintain a minimum of one back-up adrenaline auto-injector and determine, through a risk assessment process, the purchase of any additional auto-injectors, taking into consideration factors such as:

- the number of students enrolled who have been medically diagnosed as being at risk of anaphylaxis
- the location of the first aid kit and the proximity to each student's classroom, playground area, sports field
- the accessibility of backup auto-injector/s during school excursions and camps
- the level of risk in the environment (e.g. increased exposure to potential allergens and distance from emergency services).

The school's adrenaline auto-injector should be stored with a copy of an ASCIA Action Plan for Anaphylaxis (general), which provides standard emergency procedures for anaphylaxis. An ASCIA Action Plan for Anaphylaxis (general) is available at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>



The school's adrenaline auto-injector for general use may be used to cover situations when:

- a second dose of adrenaline is required after the administration of the student's prescribed auto-injector
- the first dose of adrenaline has not been able to be successfully administered due to failure of the adrenaline auto-injector or misfire
- a student not previously diagnosed presents with signs and symptoms of anaphylaxis
- a visitor (child/adult) to the school presents with symptoms of anaphylaxis.



Example of school first aid

5.3 School purchase of adrenaline auto-injectors

Authorisation has been provided by Queensland Health under Section 18(1) of the *Health (Drugs and Poisons) Regulation 1996* for the principal to obtain adrenaline as an auto-injector for the purpose of providing emergency medication to students and staff for the treatment of anaphylaxis.

Under this authorisation, available at

http://education.qld.gov.au/schools/healthy/docs/queensland_health_approval_adrenaline_auto_injectors.pdf, schools are able to purchase adrenaline auto-injectors from a pharmacist or licensed wholesaler of drugs or poisons on the signed written order of the principal and provision of a copy of the Queensland Health approval letter.

Other conditions for school purchase of an auto-injector by Queensland Health include:

- storing it in the school's first aid kit
- storing it in accordance with directions by the manufacturer regarding temperature control
- administering it by staff in accordance with the school's emergency protocol
- providing appropriate training to staff in administering the auto-injector.

The shelf life of an adrenaline auto-injector is normally between 1 to 2 years. Prior to purchasing a new or replacement auto-injector, check with the pharmacy to ensure the auto-injector has maximum shelf life.



6. Risk management

Episodes of anaphylaxis are unpredictable and accidental exposure is a reality.
There is no one rule for all schools or all students at risk of anaphylaxis.

Where a student is known to be at risk of anaphylaxis, the principal is responsible for the health care management of this specialised health need. There are three stages in managing anaphylaxis in a school setting:

1. Identifying the risks
2. Minimising the risks
3. Preparing for an emergency event.

6.1 Identifying the risks

When the school is notified that a student is at risk of anaphylaxis, the first step in managing the risk is to identify:

- the student's capabilities
- the student's allergic triggers
- the level of anaphylaxis training provided to school staff
- situations where there may be increased risk to the student.

Student's capabilities

Young students or students with disability may require more targeted support. Older, more independent students are more likely to identify their own signs and symptoms of an anaphylactic emergency and raise the alarm. However, it is vital that school staff are aware of all students who are at risk of anaphylaxis and the school's planning to support these students.

Student's allergic triggers

Students may be potentially exposed to their allergens during school-based activities so it is vital to identify these triggers and their frequency in the environment as this will impact on curriculum activity planning. Some allergies such as drug allergies may have minimal impact on the daily operations of the school, so minimizing exposure may be personalised to the individual student (e.g. advising paramedics if the student is allergic to drugs in an emergency). However severe allergies to foods and insects, which are two of the most common causes of anaphylaxis, affect and may be affected by the whole school community, therefore planning will require whole-school strategies.

As students can be allergic to several foods it is not possible, nor practical, to remove all food allergens from schools. Nor is it possible to remove all insects that students are allergic to. Schools can, however, implement strategies to reduce exposure to these allergens.

It is important to know the severity of the student's allergy and how quickly they are affected in order to plan the most effective emergency response.



The level of anaphylaxis training provided to school staff

The level of risk to students being exposed to a potential allergen is reduced if staff:

- understand the student's condition
- are able to assess potential risks to the student during school-based activities
- are trained in recognising signs and symptoms of anaphylaxis
- are trained and confident in administering an adrenaline auto-injector.

Situations where there may be increased risk to the student

The risks to students with anaphylaxis may increase when there are changes to:

- the school routine (e.g. relief teachers, special events)
- the student's environment (e.g. camps or excursions)
- the students' health information (e.g. new allergic triggers for student have been identified).

6.2 Minimising the risks

Develop an Anaphylaxis Risk Management Plan

To ensure that students at risk of anaphylaxis are given every opportunity to participate in the full range of school activities, potential risks in the student's school routine and environment should be assessed using the [Anaphylaxis Risk Management Plan](#).

A comprehensive *Anaphylaxis Risk Management Plan* which addresses the needs of students with severe allergies is an essential part of the school's risk management. The plan will include risk minimisation strategies and consider changes to the student's routine and environment.

The plan assists staff and others involved with the students to plan for emergency situations and minimise risks associated with the student's condition, their equipment and medication requirements.

To identify potential risks in the school environment and implement risk management strategies, the *Anaphylaxis Risk Management Plan* should be developed by the school in consultation with:

- supervising teachers
- the parent
- a qualified health practitioner
- the student (where applicable).

Completing an *Anaphylaxis Risk Management Plan* involves identifying and minimising students' exposure to potential allergens which may occur during school activities and utilising this information to inform curriculum planning. To assist in completing the *Anaphylaxis Risk Management Plan*, consider the following most common factors which may lead to an anaphylactic event and recommended risk minimisation strategies.



Common factors and risk minimisation

Changes to student's health information

Where there are changes to information about the student's health (e.g. the student has a new allergic trigger), this will need to be communicated to staff and risks reassessed.

Sickbay

Students should not be left alone when complaining of feeling unwell, even in the sickbay/sick room. Their complaint should be taken seriously as their condition can deteriorate quickly.

Special events

During special school events, e.g. sports carnivals, red food days, there may be risks in students consuming unlabelled foods such as bakery products or food cooked and supplied from homes of other students. Special items can be supplied by the parent of the student at risk of anaphylaxis and stored in the freezer or tuckshop in a container clearly marked with the student's name for such occasions.

Relief teachers

Students with anaphylaxis should always be under the supervision of a teacher or designated person who has completed anaphylaxis training and who knows the student has an allergy, can recognise signs and symptoms of a reaction and knows how to use the adrenaline auto-injector in an emergency. If a relief teacher is supervising the class and has not had anaphylaxis training, the school must determine how the student will be supported (e.g. ensuring the student has access to a trained staff member who can support them should a student experience anaphylaxis).



Change of environment (e.g. camps, excursions or sporting events)

Ensure consideration is given to students participating in excursions, camps, sports carnivals or other activities where the students are in a new environment.

Supervising staff for these events need to:

- know which students are at risk of anaphylaxis and their known allergens
- provide relevant information to excursion/camp/event site coordinators (e.g. outdoor education centres) to inform planning of the events to enable a risk assessment of activities and the environment to occur
- ensure adequate staff in attendance are trained in anaphylaxis management including the use of an auto-injector.
- consider the distance from the school, camp or location of a school activity to an ambulance service or medical treatment
- consider the emergency first aid equipment required and the distance of the first aid equipment from the at-risk student during activities
- make the menu, medical support, environment and other location details of school camps available to the student and parents well ahead of the camp/excursion date to allow time to consider risks and suggest safety actions
- know what risk minimisation strategies are in place to support the student
- consider issues such as the administration of prescribed emergency medication and risk management strategies when planning an excursion/camp
- have the student's anaphylaxis emergency kit readily available and stored out of direct heat, but not on ice
- know when and how to give the adrenaline auto-injector
- be aware of the campsite's procedure in the event of a medical emergency
- ensure a broad range mobile phone is available when away from landline phone facilities
- encourage at-risk students, who are capable, to manage their own risk as much as possible, but ensure that support is available to the student if required.



Camps and food allergies

When planning a school camp which a student with a severe food allergy will attend, the implementation of blanket food bans or attempts to prohibit the entry of food substances at the camp is not recommended, as it cannot be policed adequately and can lead to a false sense of security. However, it is very important to consider all risks, include the parent/s in the planning process and implement workable risk minimisation strategies. Strategies to reduce risk, such as hand washing (include washing of food preparation equipment to avoid cross contamination) and no food sharing, should also be implemented.

Food allergens

- Implement age appropriate avoidance strategies for routine and non-routine activities (such as meal times, cooking, art, sport days, special occasions, excursions and camps).
- Identify foods used in activities that contain known allergens and replace with other suitable foods.
- Avoid sharing food or eating utensils (close supervision may be required at meal times for younger students).
- Keep surfaces clean and prevent cross-contamination during handling, preparation and serving of food.
- Promote good communication between parents, staff and students.

Refer to further information on food allergies and dietary alternatives at <http://www.allergy.org.au/patients/food-allergy>





Insects

- Specify play areas that are lowest risk and encourage the students to play in this area.
- Decrease the number of plants in school grounds that are known to attract stinging insects or ticks.
- Increase vigilance in areas where flowering plants are located, e.g. school kitchen gardens.
- Ensure students wear appropriate clothing and shoes when outdoors.
- Be aware of bees in pools, around water and in grassed or garden areas.
- Avoid drinking from open drink containers, particularly those that contain sweet drinks.
- To help prevent tick bites, cover skin and shake clothing once indoors.
- Ensure school grounds people regularly inspect, treat and remove insect nests as required.
 - Refer to further information on insect and tick allergy at <http://www.allergy.org.au/patients/insect-allergy-bites-and-stings>



6.3 Preparing for an emergency event

Through implementing risk minimisation strategies, the likelihood of a student experiencing an anaphylactic event should be reduced. However, exposure to potential allergens cannot be guaranteed, so the development of a school emergency treatment procedure is essential.



7. School emergency treatment procedure

The Department of Education, Training and Employment (DETE) aims to provide a safe and secure environment for all students, staff and volunteers who work or participate in Queensland state schools. Effective planning and management of emergencies is essential within schools to help reduce potential loss of life and, after the event, allow teaching and learning to be maintained or resumed as a priority.

Whilst the following procedure is specific to treating students, it can be followed in the event of an adult or visitor to the school experiencing an anaphylactic reaction.

Delays in giving emergency medication or contacting emergency services can result in deterioration and death, therefore the priority actions are to treat the student and phone emergency services from the site.

7.1 Considerations in developing a school emergency procedure

In responding to an anaphylactic incident, a well-developed school emergency procedure should enable the situation to be managed promptly and efficiently. All staff should be familiar with the school's emergency procedure which should be considered as part of the Anaphylaxis Risk Management Plan. School-based emergency procedures should be developed with reference to:

- the [Critical Incident Reference Guide for Accident/Injury](#) for workplace health and safety procedures
- the [First Aid Guideline](#) for advice regarding emergency procedures and first aid, emergency medication, and the procedure for calling an ambulance in an emergency.

Although schools vary in size and layout, the following considerations can assist in the development of a localised school emergency procedure.

Priority arrangements

- Understand that owing to the need for the Queensland Ambulance Services to monitor the patient's condition, the ambulance should be called by a person nearest to the patient rather than from the school office if possible.
- Determine who will administer medication and who will phone emergency services, e.g. will a teacher administer and the teacher-aid phone, or will the teacher administer and make the call. Student supervision is likely to vary during the school day which should be taken into account.
- Determine the procedure to raise the alarm with the office, e.g. will a teacher-aid/student phone the office using the classroom intercom or a student run an alert card from the oval/kitchen garden to the office?



The class/other students

- Consider who will supervise other students whilst first aid treatment is being given.
- Consider the noise level of class groups and, if this will interfere with clear communication with the 000 dispatcher, possible evacuation to an alternative area for these students in an anaphylactic emergency.

Providing first aid to the student

- Ensure a student demonstrating signs of allergy or anaphylaxis is not left alone.
- Provide immediate treatment of the student in accordance with their Action Plan (or as a first aid response for a previously undiagnosed student) and contact emergency services as the first two priority actions.
- Ensure staff supervision has been organised for a student who is authorised to self-administer in the event that self-administration fails.

The location in which the anaphylactic event may occur

- Consider the number of adults available to coordinate the procedure in various locations.
- Consider location of and access to phones and/or intercoms during school-based activities, e.g. during lunch breaks there may be no access to intercoms/landline telephones as classrooms may be locked.



The role of administrative staff

- The school administration plays a vital role in managing an emergency incident.
- If the school first aid kit which contains the school's adrenaline auto-injector is located in the office, determine who will be responsible for delivering to the site of the incident.
- Determine who will guide the ambulance to the emergency site.
- Consider the time of day and how this would impact on directing emergency services, eg. during lunchtime students may need to be cleared from emergency routes.
- Determine if and how additional adults can support staff at the incident, e.g. providing supervision to other students, redirecting students away from the incident.
- Determine who will phone the parent regarding the incident.
- Consider who will take over various responsibilities if staff are absent.

Dialing emergency services

- Is a mobile phone available for use and does it have reception?
- Are staff aware that if they are calling from a mobile phone and 000 does not work, 112 is an alternative?
- Are staff aware that emergency calls are free calls?



8. Roles and responsibilities of the principal

The role of the principal will involve being familiar with the *Anaphylaxis Guidelines for Queensland state schools* in order to:

- work with the school community to identify and minimise the risks associated with students diagnosed at risk of anaphylaxis and develop school-based planning for emergency responses
- ensure the school has emergency first aid procedures, equipment and trained staff in place to cater for potential first time (undiagnosed) episodes of anaphylaxis.

8.1 Identifying the risks

The key role of the principal is to:

- seek information from the parent about the allergies that affect the student as part of the health information collected at enrolment and as part of regular health updates
- discuss with the parent the capabilities of the student to recognise their own symptoms and alert others
- identify the number of staff who are trained in anaphylaxis management.

8.2 Minimising the risks

Communicate with parents of students with anaphylaxis

- Ensure that the parent supplies the school with the student's Action Plan, completed and signed by the student's medical practitioner, along with a personal adrenaline auto-injector for the student.
- Request that the parent approves the sharing of information regarding the student's health condition with staff and relevant school volunteers.
- Refer parents to Section 12 of these Guidelines to discuss the roles and responsibilities of the parent.

Complete risk management planning

- Consult with the parent, relevant staff, the student and relevant community members to develop a whole-of-school [Anaphylaxis Risk Management Plan](#) to assess potential risks in the student's routine, minimise risks and reduce the risk of accidental exposure. This will ensure that students at risk of anaphylaxis are given every opportunity to participate in a full range of school activities.
- Discuss with supervising staff the scenarios where there may be increased risk to the student being exposed to a potential allergen and identify strategies to reduce the risk and refer to Section 6 and Section 7 of these Guidelines to inform discussions.

Plan anaphylaxis risk minimisation strategies with school staff

- Advise staff of all students with anaphylaxis who are enrolled in the school, their triggers and the risk management strategies to be implemented.
- Ensure that students' medical information will only be accessed by authorised departmental employees and the information will not be disclosed to any other person or body unless the parent has given consent or the Department is required or authorised by law.
- Where parental permission has been given:
 - provide staff with information about the individual student's severe allergy including copies of their Action Plan



- ensure that copies of the student's Action Plan is placed in appropriate locations across the school to alert all staff to the student's health condition and appropriate emergency response.
- Ensure staff provide age-appropriate education to students regarding severe allergies. Age-appropriate peer education is important in reducing the risk of exposure. Peers are also able to alert teaching staff if they see a student with a history of allergy looking unwell. (See <http://www.allergyfacts.org.au/links/online-store>).
- Ensure staff who supervise a student with anaphylaxis are confident in developing safe school activities which minimise exposure to known allergens.
- Advise staff of students who have been given approval to self-administer and the conditions surrounding this.

Organise staff training

- Ensure a range of staff have completed the online ASCIA anaphylaxis e-training course for Schools and Childcare (Queensland version) at <https://etraining.allergy.org.au/> and undergone practical training in the use of adrenaline auto-injectors (EpiPen® and Anapen®).
- Ensure sufficient numbers of staff members have current first aid training (which includes cardiopulmonary resuscitation (CPR) and the administration of emergency asthma medication).
- Consider the following when determining how many staff are to be trained:
 - the number of students diagnosed at risk of anaphylaxis
 - the curriculum and out-of-school activities in which these students participate
 - the level of associated risk with these activities
 - the impact of sick leave or other absences on staff availability
 - the ratio of trained staff required to meet the school's emergency first aid response in the event of a first time presentation of anaphylaxis.
- Consider the following personnel for training in emergency response to and treatment of anaphylaxis:
 - all staff who teach students who are at risk of anaphylaxis, including those who supervise specialist classes, non-contact time, elective classes and extracurricular activities including music
 - sports/physical education teachers including staff who supervise sports such as after-school practice/training sessions and interschool sport where relevant
 - teachers who deliver cooking lessons
 - science teachers
 - staff attending camps and/or excursions, special event days such as sport, music, performing arts, walkathons and cultural days
 - teacher aides
 - designated first aid officers
 - front office staff who are the first point of contact for visitors to the school
 - staff who supervise 'detention' sessions, eating and playground areas
 - tuckshop convenor and regular tuckshop helpers
 - relief staff
 - groundspeople.



- Maintain a register of staff who participate in the practical training component. Principals should review staff requirements for access to the online training course and practical training in the use of the adrenaline auto-injectors.

Select anaphylaxis first aid trainers

- Education Queensland Registered Nurses (EQRNs) are employed by the Department to support schools to manage students with anaphylaxis. They provide practical training sessions in administering auto-injectors and school-based risk management strategies at no cost to the school.
- Practical training may also be facilitated through a range of providers such as:
 - first aid organisations such as Red Cross, Queensland Ambulance Service, St. John's Ambulance
 - accredited private Registered Nurses
 - Registered Training Organisations.
- Considerations when choosing a training provider for the practical use of adrenaline auto-injectors include ensuring that they:
 - are appropriately qualified in the operation of the current adrenaline auto-injectors and provide a "hands on" demonstration and staff practice.
 - are appropriately indemnified
 - are Blue Card holders if trainers will be unsupervised in the presence of students
 - have an awareness and understanding of *Administration of Medications in Schools, Management of Students with Specialised Health Needs* and related procedures.

Develop or review anaphylaxis emergency procedures with school staff

- Ensure all staff are aware of who is trained in administering adrenaline auto-injectors in the school and where the school's auto-injector/s are located.
- Ensure all staff who supervise students at risk of anaphylaxis are familiar with their Action Plans.
- Ensure all staff are aware of the school's *Anaphylaxis Risk Management Plan* and procedures to reduce the incidence of an anaphylactic reaction.
- Ensure that all staff are aware of any students who, based on written medical advice, are authorised to carry emergency medication on their person and can self-administer this medication (refer to [Self-administration of medications and self-management of health conditions](#) guidelines).
- Obtain, as part of a risk management process, an adrenaline auto-injector (auto-injector) for general use, for example, an EpiPen® or Anapen®, to be part of the school's first aid kit.
- Maintain a school system which ensures that adrenaline auto-injectors are in-date and that they are replaced after use and prior to expiry.

Communicate with tuckshop staff and volunteers

- Ensure the tuckshop coordinator is aware of issues related to anaphylaxis and measures to reduce the incidence of an emergency event.
- Inform tuckshop staff of students who are at risk of anaphylaxis where parental approval has been obtained to share students' medical condition.
- Provide the tuckshop staff with the written parental consent as to which products students with anaphylaxis can purchase.



- Ensure a copy of the student's Action Plan is posted in the tuckshop for tuckshop staff reference with parental approval or display an Action Plan for Anaphylaxis (general) poster.
- Discuss strategies for food allergens (p.14) and roles and responsibilities of the tuckshop staff (p.25) with the tuckshop coordinator.
- Ensure school volunteers are informed of relevant risk management information.

Communicate with older, more independent students at risk of anaphylaxis

- Meet with the student and relevant staff and encourage the student to:
 - communicate details about their allergies and emergency treatment to peers and teachers
 - read food labels
 - know their own signs and symptoms of an allergic reaction and how to alert school staff of this immediately
 - be familiar with the use of their adrenaline auto-injector
 - ensure they have ready access to their adrenaline auto-injector at all times
 - ensure their adrenaline auto-injector is within its expiry date.

Communicate with students and the school community

- Ensure all students are aware of the risks associated with anaphylaxis and the unacceptable dangers of teasing students with their allergic triggers.
- Inform the school community about anaphylaxis and offer advice to minimise the risk of students experiencing anaphylaxis in the school.

Arrange management of medication, equipment and students' Action Plans

- Ensure that auto-injectors are stored securely in a cool dark location and in accordance with the manufacturers' recommendations but readily accessible for use if required.
- Ensure that a system is in place for the school and the parent to check the expiry dates of their adrenaline auto-injectors on a regular basis.
- Review each student's Action Plan at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:
 - the student's health needs
 - staff, particularly class teacher, year coordinator or advisor, or any staff member who has a specific role in the plan
 - other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs.
- If students have a medical bracelet or chain, they should be encouraged to wear it.
- Safe disposal of an unused expired adrenaline auto-injector for general use is via a pharmacy.
- A student's unused expired adrenaline auto-injector should be returned to the parent.



Example of school first aid kit



8.3 Developing a school emergency response procedure

- Refer to Section 7 of these Guidelines to plan for an emergency event and develop a school-based emergency treatment procedure as part of the school's *Anaphylaxis Risk Management Plan*.
- Ensure all staff are aware of the school procedure for alerting other personnel to an anaphylactic emergency and need for assistance (e.g. mobile phone, walkie talkies, classroom phones).
- Determine an agreed storage location for school and students' auto-injector/s and ensure all staff are aware of these locations.
- Inform staff that the first line emergency response will be with the student's own labelled adrenaline auto-injector, and that the school's adrenaline auto-injector for 'general use' is to be administered if there is no response after five minutes or as indicated on the student's Action Plan or as a back-up in the event of a misfire.
- Inform staff that the school's adrenaline auto-injector may also be required if a previously undiagnosed student demonstrates a first time anaphylactic reaction.

9. Roles and responsibilities of the teacher

To assist the school in supporting students with severe allergies or anaphylaxis, teachers who provide any supervisory role are advised to:

Know the student and their condition

- Ensure you can recognise by sight the students who are at risk of anaphylaxis.
- Read and become familiar with students' Action Plans.

Know what to do in an emergency

- Ensure you are familiar with the school's emergency procedures for students with and without an Action Plan.
- Ensure the school's emergency procedure is operational for the students you supervise or discuss issues with the principal to determine workable solutions.
- Know who is trained to administer the adrenaline auto-injector or complete the required training.
- Ensure you know where the school's adrenaline auto-injector is stored.

Complete training

- Complete the Australasian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis e-learning course to gain a certificate of completion.

Complete practical training in using an adrenaline auto-injector after you have completed online training.

Implement risk management procedures

- Ensure the student's anaphylaxis emergency kit (which includes their adrenaline auto-injector) is:
 - stored in a cool, dark location but not refrigerated
 - readily accessible at all times (e.g., not locked in a cupboard or room)
 - stored in a location known to all supervisory staff (this will vary according to the activity)
 - taken with student to all locations including specialist classes, extracurricular activities on the school grounds outside normal school hours and activities off campus that are outside school hours.



Example of student Action Plan (template)



- Provide input in the development of the school's Anaphylaxis Risk Management Plan to minimise risks of exposure for students when participating in activities you supervise.
- Consider the risks associated with school activities such as cooking, art lessons, excursions and camps for students with anaphylaxis in accordance with the Managing risks in school curriculum Activities procedure.
- Provide relevant information to excursion/camp site coordinators (e.g. outdoor education centres) prior to the event to enable a risk assessment of activities and the environment to occur.
- Be aware that craft items can be risk items (for example, egg cartons, milk containers, peanut butter jars).
- Provide age-appropriate education to students regarding severe allergies. Age appropriate peer education is important in reducing the risk of exposure. Peers are also able to alert teaching staff if they see a student with a history of allergy looking unwell. (For useful resources, see <http://www.allergyfacts.org.au/links/online-store>).
- Ensure all students are aware of the risks associated with anaphylaxis and the unacceptable dangers of teasing students with their allergic triggers.

10. Roles and responsibilities of the first aid officer

- Ensure the school adrenaline auto-injector is:
 - stored in a safe, cool, dark, unlocked location and is easily accessible
 - kept below 25 degrees Celsius if possible (as extreme temperatures may reduce shelf life) but not refrigerated as temperatures below 15 degrees Celsius may cause the injector mechanism to jam
 - available for use after hours for students who participate in extracurricular activities conducted by the school on the school grounds outside normal school hours, e.g. school disco
 - checked for maximum shelf life when the adrenaline auto-injector is being purchased for the school. The shelf life of an adrenaline auto-injector is normally around 1 to 2 years.

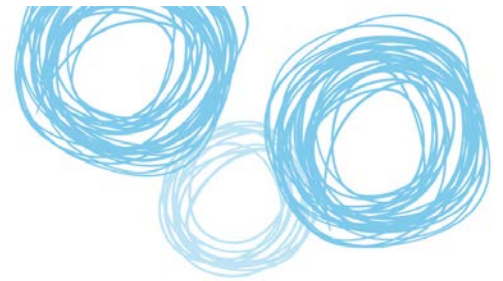


First aid kit containing auto-injector with Action Plan (general) displayed



Example of school first aid kit

- Regularly monitor, maintain and check expiry dates of the school adrenaline auto-injector.
- Consider temperatures of storage areas during weekends and school holidays.
- Consider portable storage bags which maintain a steady temperature if a school adrenaline auto-injector is carried to events such as excursions, camps or sports events. NB. These storage bags are not eskies. Do not store auto-injectors in eskies with ice or icepacks.
- Ensure students with anaphylaxis are not left alone when complaining of feeling unwell, even in the sickbay/sick room. Their complaint should be taken seriously.



11. Roles and responsibilities of the tuckshop staff

When a student is at risk of anaphylaxis triggered by food, the school has a duty of care to minimise risks to the student. Tuckshops are potentially high risk areas for students with food allergies. As such, the principal or delegated officer should discuss the school's risk minimisation strategies to support individual students' needs regarding the use of the tuckshop.

General strategies that tuckshops can implement to reduce risk are to:

- be aware that students with anaphylaxis should not be given any food without parental consent
 - keep surfaces clean and prevent cross-contamination during handling, preparation and serving of food (for example, ensuring all utensils and chopping blocks used in the preparation of meals are thoroughly cleaned before use and between reuse)



Clean chopping boards before and between use

- ensure that promotion of the sale of new foods in the tuckshop and providing samples of new foods is carefully supervised
- familiarise yourself with information related to food allergies in Section 6 of these Guidelines
- discuss any concerns you have with the principal or class teacher.



Keep surfaces clean





12. Roles and responsibilities of the parent

A parent of a child at risk of anaphylaxis plays a vital role in assisting the school to support the student.

Communicate with your child:

- Educate your child about their allergies and how to minimise risk of exposure (such as not sharing food if allergic to food, or precautions outdoors if allergic to insects).

Communicate with the school:

- Notify the school of the student's allergies and risk of anaphylaxis and provide appropriate medical information.
- Provide written notification for the school to administer, or assist a student with the administration of, a prescribed medication (for example, EpiPen® or Anapen® and/or antihistamines).
- Ensure that the school is notified of changes to the student's medical condition or medication order.
- Consider providing permission for the school to share the student's medical information with relevant staff and volunteers, so that necessary risk management processes can be followed.
- Determine an agreed method the child will use to alert the school staff that they are experiencing symptoms of anaphylaxis.

Provide and check medication and equipment:

- Ensure the student has an anaphylaxis emergency kit which includes their Action Plan completed by the student's doctor, the student's personal adrenaline auto-injector, and pencil and paper.
- Ensure that all medication, including the student's adrenaline auto-injector, is labelled clearly with the student's name and dosage information and stored in a suitable bag/container.
- Monitor the expiry date of the student's adrenaline auto-injector and replace if used and before it reaches its expiry date.
- Replace the auto-injector promptly if used or expired.



Example of student's anaphylaxis emergency kit



References

[Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

(for anaphylaxis e-training, ASCIA Action Plans for Anaphylaxis, allergy fact sheets and other resources)

<http://www.allergy.org.au/>

[Anaphylaxis Australia](#)

(for patient support organisation)

www.allergyfacts.org.au

[Return Unwanted Medicines project](#)

<http://www.returnmed.com.au/>

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