1.0 PURPOSE & SCOPE

Students enrolled at Launceston Church Grammar School (LCGS) who have significant health problems deserve and require a supportive and flexible school environment that understands and responds to their individual needs.

The purpose of this policy is to put procedures in place that minimise the risk of an anaphylactic reaction by students in our care by implementing strategies to reduce the risks; to improve knowledge and raise awareness of anaphylaxis in our planning. In the event of anaphylaxis, school policies and procedures are followed to ensure the safety and wellbeing of our students and staff.

This policy is applicable when there are students enrolled in the School who might suffer an anaphylactic reaction on the ingestion of, or contact with an allergen.

2.0 DEFINITIONS

2.1 ANAPHYLAXIS

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen and a reaction usually begins within minutes of exposure. This reaction can progress rapidly over a period of up to two hours, it is potentially life threatening and always requires an emergency response.

2.2 ALLERGEN

An allergen is a substance that is ingested, injected, absorbed or inhaled into the body which the immune system recognises as a substance that may cause harm. These allergens stimulate a response from the immune system that presents itself as various forms of an allergic reaction, for example, hives, anaphylaxis and the exacerbation of allergic disorders such as asthma, and eczema. The most common allergens that can cause an allergic reaction and anaphylaxis include certain products --most notably edible nuts (peanuts, hazelnuts, cashews, almonds) or nut products. Other common allergens include insect stings, eggs, medications and latex.

2.3 ANAPHYLAXIS INFORMATION AND MANAGEMENT PLAN (AIMP)

A detailed plan that outlines student information, medical information, details of the student’s Anaphylaxis Action Plan as well as a comprehensive risk assessment for students who have been identified as Anaphylactic.
2.4 **ASCIA ACTION PLAN (see Appendix 1)**

Standardised Action Plans for Anaphylaxis that are produced by the Australasian Society of Clinical Immunology and Allergy, the peak body within Australia. The plans set out the emergency procedures to be taken in the event of an allergic reaction. There are individual ASCIA plans suitable for specific are. The Anaphylaxis Action Plan is a written instruction from a **medical doctor** supplied by the parent to the school that details the person’s allergic symptoms and what action to take in the event of exposure to their allergens. This contains an identification photo and is the legal document to authorize care and to administer medication.

2.5 **ADRENALINE**

A chemical naturally produced by the body when feeling anxious or stressed. It makes a human heart beat faster, opens airways and increases blood pressure and blood sugar levels.

2.6 **ADRENALINE AUTO INJECTOR DEVICE**

An Adrenaline Auto Injector Device is a single use automatic injecting device that delivers a measured dose of adrenaline. Adrenaline Auto Injector Devices are designed to be self administered or delivered by a non-medically trained person in the event of a life-threatening anaphylactic reaction. The auto injectors are available in two doses specific to body weight.

2.7 **ADRENALINE AUTO INJECTOR DEVICE KIT**
(Also referred to as an “Anaphylaxis Emergency Kit”)

An Adrenaline Auto Injector Device Kit is a kit that is supplied by the person who has been prescribed the Adrenaline Auto Injector Device or by a parent/guardian. It should be accessible at all times to the person with anaphylaxis. The kit should contain:

- A container/insulated container
- The student’s Adrenaline Auto Injector Device
- Two copies of student’s Anaphylaxis Action Plan (ASCIA) which includes contact for Parents/Guardians
- Other medication for the allergic reaction if prescribed (eg. Antihistamine & Bronchodilators)
- A pen to record the time that Adrenalin was given
- An ambulance call card

**HOW TO CALL AN AMBULANCE**

- Dial 0 for outside line then 000 – or 112 on mobile (no credit required).
- You will be asked several questions before they ask any details of injury/emergency. **Please ensure you have as much information about the emergency before ringing to enable the best possible response from the emergency services.**
- The following questions are routine:
  - What service do you require – POLICE, FIRE AMBULANCE
  - What suburb: eg. Mowbray Heights, Tasmania
What street name: eg. Button Street
House/Unit number: eg. 36 – Launceston Church Grammar School
The nature of the emergency: eg. Anaphylaxis to peanuts
Is the patient: Conscious, Name, Age, Allergy, Condition

- DO NOT HANG UP UNLESS INSTRUCTED TO
- Send someone to meet ambulance to direct them
- VERY IMPORTANT: DO NOT PANIC

2.8 RISK ASSESSMENT
An analysis or investigation that identifies factors that may increase or decrease the risk of an incident occurring.

2.9 RISK MINIMISATION PLAN (see Appendix 2)
A plan that identifies each student’s allergies, possible risks of accidental exposure to allergens and includes practical strategies to minimise those risks. This plan includes the persons responsible for implementing the strategies, timeframes, and should be developed in consultation with families. A Risk Minimisation Plan must be reviewed annually or when new information such as a change in medical condition occurs.

2.10 SCHOOL HOURS
School hours are 8.50am – 3.30pm

2.11 OFFICE HOURS
Office hours are 8.30am – 5.00pm

3.0 SIGNS AND SYMPTOMS OF ANAPHYLAXIS

3.1 MILD TO MODERATE ALLERGIC REACTION
The most common signs and symptoms of a mild to moderate allergic reaction include;

- Swelling of lips, face and eyes.
- Hives or welts.
- Itching of the face and neck.
- Abdominal pain, vomiting and diarrhoea.

3.2 SEVERE ALLERGIC REACTION (ANAPHYLAXIS)
The most common signs and symptoms of a severe allergic reaction include;

- Difficulty in breathing or noisy breathing.
- Difficulty in talking or hoarse voice.
- Swelling of the tongue.
- Swelling or tightness in the throat.
3.2 SEVERE ALLERGIC REACTION (ANAPHYLAXIS) - continued

- Wheeze or persistent cough.
- Loss of consciousness or collapse.
- Pale or floppy body posture.

4.0 DUTY OF CARE

All staff of Launceston Church Grammar School have a duty of care to ensure that steps are taken to prevent students from incurring a reasonably foreseeable risk of injury or damage whilst those students are in their care. All school staff must be aware of the potential health risks to children with Anaphylaxis.

Launceston Church Grammar School acknowledges the need to educate both staff and students regarding our Anaphylaxis Policy thus reducing the risk of Anaphylaxis and ensuring that staff/students respond appropriately in the event of an Anaphylactic Reaction.

For any student diagnosed with anaphylaxis failure to supply an autoinjector that has not expired will result in the student being sent home.

5.0 DUTY OF DISCLOSURE

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers, (allergens) and prevention of exposure to these triggers. Partnership between the school and parents is important in ensuring that appropriate information is shared and current Anaphylaxis Action Plans are provided.

6.0 STAFF TRAINING

As part of the duty of care to students, Launceston Church Grammar School staff are required to administer first aid when necessary within the limits of their skill, expertise and training. The Dean of Staff/Deputy Head of Junior School/HR Manager are to ensure that all staff, including relief staff are provided with annual professional development and information on anaphylaxis, including the use of an Adrenaline Auto Injector Device.

Additionally, as requirement of Launceston Church Grammar School being an “Anaphylaxis Active” school and at the discretion of the Dean of Staff/Deputy Head of Junior School, a sufficient number of staff will undertake the competency based training courses 21886 Emergency Asthma Management and 21827 Anaphylaxis Awareness (or nationally accredited equivalent) so that a competently trained staff member will at all times be assessable within 2 minutes to any student showing signs of anaphylaxis.

Launceston Church Grammar School’s Anaphylaxis Policy will be available on the school’s intranet.
7.0 LOCATION OF ASCIA PLANS

Copies of individual students Anaphylaxis Action Plan (ASCIA) are available at the following locations. The locations with an astrix only provide a summary.

7.1 SENIOR SCHOOL

- Within individual students Adrenaline Auto Injector Device kit at front office/reception (these kits contain 2 ASCIA plans so one can be given to ambulance personnel)
- In student’s school bag if an Auto Injector is carried
- Health centre
- Staff room
- Duty folders
- Head of Boarding (if anaphylactic boarder)
- Music department
- Log cabin
- Poimena
- Swimming pool
- Canteen *
- Faulkner Park *
- Rowing sheds *
- Kitchen (if anaphylactic boarder) *
- Front office/reception *

7.2 JUNIOR SCHOOL

- Within individual students Adrenaline Auto Injector Device kit in First Aid Room. (these kits contain 2 ASCIA plans so one can be given to ambulance personnel)
- In student’s school bag if an Auto Injector is carried
- Staff room
- Folder at front office/reception
- Class teacher
- Relief teacher folders
- Duty bum bags
- After School Care facility

NB: Student’s confidentiality must be considered when displaying information

8.0 LOCATION OF GENERIC ADRENALINE AUTO INJECTOR DEVICES

8.1 SENIOR SCHOOL

- Front reception
- Health centre
- Staff room
- Poimena
- Music department
- Log cabin
- Faulkner Park
- Swimming pool
- Rowing shed
- Boarding house
- Outdoor Education

8.2 JUNIOR SCHOOL

- First Aid Room
- Pre Kinder
- After & Before School Care facility
- Hall
- Resource centre
- Duty bum bags

9.0 ROLES AND RESPONSIBILITIES

9.1 SCHOOL NURSE

- To conduct a risk assessment with parents/guardians of the potential for accidental exposures to allergens while the student is in the care of the school.
- To provide all Launceston Church Grammar School staff (including teaching and general staff) information on the students who are at risk of Anaphylaxis.
- To provide information on the Launceston Church Grammar School’s management strategies and appropriate first aid response for an anaphylactic reaction.
- To liaise with the Dean of Staff/Deputy Head of Junior School to ensure that there are steps in place for informing casual relief teachers for the prevention of and the emergency response to anaphylaxis and provide identification of students at risk of anaphylaxis.
- To inform parents/guardians that the student’s Adrenaline Auto Injector Device needs to be replaced, one month prior to the expiry date of the Adrenaline Auto Injector Device.
- To provide or arrange post-anaphylactic reaction counselling to staff or students if it is required.

9.2 HEADMASTER

The School Headmaster has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis, and develop strategies, policies and AMIP in consultation with the School Nurse/parents and stakeholders.

The Headmaster should ensure the following are completed:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
• Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.

• Meet with parents/guardians to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.

• Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student’s medical practitioner and has an up to date photograph of the student.

• Ensure that parents provide the student’s Adrenaline Auto Injector Device and that it is not out of date.

• Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto Injector Device.

• Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school’s policies.

• Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures. This can include providing copies or displaying the student’s Anaphylaxis Action Plan in canteens, classrooms and staff rooms.

• Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency responses.

• Ensure that the canteen staff can demonstrate satisfactory training in the area of anaphylaxis and its implications of food handling practises.

• Allocate time, such as during staff meetings, to discuss, practise and review the schools’ management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Auto Injector Device regularly.

• Encourage ongoing communication between parents/carers and staff about the current status of the student’s allergies, the school’s policies and their implications.

• Review the student’s Anaphylaxis Management Plan annually or if the student’s circumstances change, in consultation with parents/school nurse.

9.3 LAUNCESTON CHURCH GRAMMAR SCHOOL STAFF

• To be aware of the students who have been diagnosed with anaphylaxis.

• To know how to recognise and respond to an anaphylactic reaction, including the administration of an Adrenaline Auto Injector Device.

• To have access to a mobile telephone while on excursion/camp to call an ambulance if a student is having an anaphylactic reaction.

• To plan ahead for special activities or special occasions such as excursion, incursions, sports days, camps and parties to reduce exposure to allergens.

**When taking students off campus ensure communication device is taken, sign out Adrenaline Auto Injector Device kit complete risk management assessment, print out of medical alerts for students.**

• To raise awareness of the issues relating to anaphylaxis among the broader student
9.4 **PARENTS/GUARDIANS**

- It is the parent’s responsibility to ensure that their child has access to an Adrenaline Auto Injector Device before and after Launceston Church Grammar School office hours (8:30am – 5:00pm) when students will be unable to access the Adrenaline Auto Injector Device available at reception.
- To recognise and enhance shared responsibility between the Launceston Church Grammar School, parents, carers, teachers and students to ensure the appropriate risk management, prevention and treatment of an anaphylactic reaction.
- To complete and return an Anaphylaxis Information and Management Plan by the due date. Failure to do so will result in the student not being allowed at school.
- To provide an ASCIA Plan as well as an Adrenaline Auto Injector device which has not expired.
- To replace the students Adrenaline Auto Injector Device, when it is due to expire, prior to the expiration date.
- To assist Launceston Church Grammar School in the planning and preparation of the student with anaphylaxis to attend school camps, field trips, excursions or special events.
- To ensure their child has received age appropriate training on the management of an anaphylactic reaction and the administration of an Adrenaline Auto Injector Device.

9.5 **STUDENTS WITH ANAPHYLAXIS**

- To be aware of the Launceston Church Grammar School’s Anaphylaxis Policy.
- To take responsibility for their own health and safety by avoiding allergens.
- To meet with the School Nurse and participate in Anaphylaxis education programmes.
- To understand their Anaphylaxis Information and Management Plan, and be aware of their responsibilities in the management of an Anaphylactic reaction.
- To be aware of where their Adrenaline Auto Injector Device is located.
- Students are to sign their Adrenaline Auto Injector Device in and out from reception if needed to be taken off campus. Junior School students Adrenaline Auto Injector Device must be signed out by a teacher/staff member. Students/staff are to ensure that the Adrenaline Auto Injector device is returned to reception before the student commences classes at school.

9.6 **RISK MITIGATION – MINIMISING the POSSIBILITY of EXPOSURE to POTENTIAL ALLERGENS**

Although it may be possible to minimise students’ exposure to potential allergens within the school environment, the implementation of blanket food bans or attempts to prohibit the entry of particular food substances into schools is not supported by leading
health authorities. Evidence from experts indicates that such bans may lead to a false sense of security and complacency among school communities. It is far better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

9.7 **NUTS**

Exposure to edible nuts and edible nut products remains a significant risk in relation to anaphylactic reactions. Launceston Church Grammar School seeks to minimize this risk of an anaphylactic reaction by:

- monitoring and removing products made available to students through our canteen, Home Economics and boarding kitchen facility that consist of edible nuts and;
- Asking parents to avoid sending peanut butter, nutella and nut bars in children’s lunch boxes.

**NB:** *Kitchen staff/chef in consultation with the Head of Boarding and the School Nurse monitor and remove products that have been identified as allergen triggers on a case by case basis.*

The situation has more recently become complicated as many products are labeled with words such as “may contain traces of nuts” or “may have been manufactured using equipment that may have processed nuts”. Launceston Church Grammar School recognizes that attempting to set guidelines to cover all of these less obvious circumstances can become excessively prohibitive for children not affected by the condition and also impossible to guarantee compliance with this policy by all parents/guardians and there will be times when other people prepare lunches for students, therefore other precautions are taken by the school to minimise the risk to anaphylactic students.

Launceston Church Grammar School will take the following precautions with regard to edible nut products at school. These precautions are to be clearly and regularly communicated to parents, carers and staff.

1. **The Tuckshop is not** an edible “nut-free area”. However, reasonable steps will be put in place to ensure there are no nut bars or edible nut products on sale AND as reasonably practicable, all steps will be taken to ensure that Pre-Kinder to Grade 6 lunch orders (or any other form of Pre-Kinder to Grade 6 classroom catering) are not made up of and/or contain products which contain nuts.

2. **Food from home should not** contain peanuts or tree nuts. This includes packets of nuts and products such as peanut butter, Nutella, muesli bars or chocolate bars containing nuts. This policy applies in all situations and covers school lunches,

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1. Queensland Health & the Australasian Society of Clinical Immunology and Allergy (ASCIA) Anaphylaxis guidelines – a resource for managing severe allergies in Victorian government schools. nb: Anaphylaxis Advisory Group
birthday cakes brought in by the students as well as food provided by parents for events such as fair days and cake stands. This requirement will be regularly communicated to all parents.

NB: Due to the age of students at the Junior School, it is not reasonable, even with education in regard to the issue, to assume the students will take appropriate precautions to minimise the risks of anaphylactic reactions by their peers. Therefore, parents of Junior School students with nut allergies should provide a store of suitable 'party snacks' to be kept at School for the student to enjoy at special celebrations within the class and School.

3. Students with edible-nut allergies must not share food. They must be instructed by parents not to exchange food at School or to eat any food that is not prepared at their home. Once instructed, students should be expected to carry out such instructions. Staff should be alert to this.

NB: Senior School students with food related allergies are expected to observe this requirement themselves, though staff should remain alert to their needs. However, this may be subject to the student’s capacity to reliably follow instructions, for instance the student’s maturity or intellectual capability.

4. Food containing or food that may contain nut products may be consumed by staff or visitors, but only in Staff Only areas such as staff rooms. Adults who have consumed such products must ensure that they wash their hands and rinse their mouths before being in the company of students.

5. Launceston Church Grammar School is to liaise with service providers for camps and excursions attended by students in regards to nut allergies to do everything possible to minimise the risk of exposure of these students to anaphylactic triggers.

NB: On Outdoor Education/Camps - if a student attends who is anaphylactic – muesli bars, nuts or chocolate bars containing nut - are NOT to be consumed by any participant on camp.

10.0 GENERAL

The following general requirements shall apply in situations where a severe allergen exposure risk applies:

1. Teachers in charge will undertake a risk assessment for any activity where there is potential for exposure to an allergen. The risk assessment will involve:

   • identification of the student group to be involved, in particular any students within that group who have been diagnosed as being potentially anaphylactic in response to any allergen or circumstance; and
   • where it is identified that an “at risk” student is involved, a review of the student’s action plan; and
   • assess the risk and identify the appropriate risk management control to be put in place.
• every effort must be made to allow “at risk” students to participate safely in the activity. In limited circumstances, however, this may not be possible to achieve. Where that is the case alternative activities for the student concerned may be considered.

2. Launceston Church Grammar School will liaise with outdoor education staff and any external service providers (e.g. music camps, excursions) attended by students who have been diagnosed as being potentially anaphylactic in response to any allergen or circumstance to do everything reasonably practicable to minimise the risk for these students.

3. An Anaphylaxis emergency kit must be taken on all camps, excursions, field trips and off campus activities. Special consideration needs to be given to activities conducted in remote areas.

4. First Aid supplies purchased by the school such as gloves and band aids are to be Latex free. Similarly, latex-free swimming caps should only be supplied at school carnivals.
11.0 ADRENALINE AUTO INJECTOR DEVICES

- Student Adrenaline Auto Injector Devices are to be located at reception (Senior & Junior Campus) in an Adrenaline Auto Injector Device Kit which contains the student’s Anaphylaxis Plan, Adrenaline Auto Injector Device and any additional medication required.
- Adrenaline Auto Injector Device Junior is to be supplied for a student weighing under 30kg and an adult Adrenaline Auto Injector Device for students over 30kg.
- Adrenaline Auto Injector Devices are kept at reception to ensure ease of access of students and teachers in an emergency and to ensure time is not wasted searching for an Adrenaline Auto Injector Device. If a student keeps their Adrenaline Auto Injector Device on their body at all times in an Adrenaline Auto Injector Device belt or bum bag then they are still required to have a back-up Adrenaline Auto Injector Device at reception.
- Adrenaline Auto Injector Device must be stored at room temperature and away from direct light in an unlocked and easily accessible container and is appropriately labelled.
- Adrenaline Auto Injector Device must be signed in and out by either the student or a staff member when the student is off campus and must be returned prior to the student returns to class.
- The expiry date of all Adrenaline Auto Injector Device is to be recorded by the School Nurse/First Aid Co-ordinator. Requests for a new Adrenaline Auto Injector Device are to be sent to parents one month prior to the expiry date of the Adrenaline Auto Injector Device.
- Parents are responsible for providing an updated Adrenaline Auto Injector Device prior to school commencing each year (i.e. the week prior to week one of Term 1). **If a student has an expired Adrenaline Auto Injector Device they are not permitted to attend school until a new Adrenaline Auto Injector Device is provided.**
- The Adrenaline Auto Injector Devices are to be checked at the commencement of each year to ensure they are not cloudy (EpiPen only) and that the recorded expiry date is accurately documented.
- The School Nurse will join the Anaphylaxis Australia Adrenaline Auto Injector Device club online (www.epiclub.com.au) which ensures that a reminder will be sent to the School Nurse that a student’s Adrenaline Auto Injector Device will expire.
- Once an Adrenaline Auto Injector Device has been administered ensure Adrenaline Auto Injector Device is placed in original container with the time of administration written on the device and transported with student in ambulance.
12.0 **STUDENT MEDICAL INFORMATION FORMS**

Parent / Guardian completes the schools’ medical form which has identified student with a significant allergy

Does the allergy require the administration of an Adrenaline Auto Injector Device

- No → TASS Co-ordinator enters information on the TASS system and notifies school nurse re allergy for further investigation

- Yes → Registrar sends out Anaphylaxis Information and Management Plan including cover letter requesting a Anaphylaxis Action Plan to be completed in consultation with the student’s medical practitioner and this is returned to the Registrar.

Previously unknown Anaphylactic student has an Anaphylactic reaction which required adrenaline

School Nurse to forward documentation to family to be returned to the Health Centre

School Nurse meets parent/guardian to develop risk assessment strategies.

Registrar to forward documentation to the School Nurse for further follow up

School Nurse ensures all documentation completed and returned, Anaphylaxis Action Plan with up to date photo of student and Adrenaline Auto Injector Device. The information is forwarded to the TASS Co-ordinator and Junior School Personal Assistant.

AIMP reviewed annually Anaphylaxis Action Plan / Adrenaline Auto Injector Device kit monitored by School Nurse/First Aider
13.0 ANAPHYLAXIS INFORMATION AND MANAGEMENT PLAN (AIMP) / ASCIA ACTION PLANS

- Every student who has been diagnosed of being at risk of anaphylaxis must have an individual AIMP/Anaphylaxis Action Plan (ASCIA) completed and returned to the school to ensure the information is available prior to the student commencing school.

- If the AIMP/ASCIA Action Plan has not been returned prior to the commencement of the school year the student is not able to attend until the required documentation has been completed.
14.0 **RISK ASSESSMENT**

a) Parents/guardians will be sent out a risk management assessment plan prior to meeting with school nurse.

b) The School Nurse in conjunction with the student’s parents/guardians will complete a Risk Assessment for students with anaphylaxis at an annual meeting to identify and develop strategies.

**EXAMPLES OF RISK MINIMISATION STRATEGIES:**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who/When</th>
</tr>
</thead>
</table>
| Minimising Food Allergies:        | • Regular discussions with relevant classes about the importance of not sharing lunches.  
|                                   | • Class has lunch in specified areas where there is supervision for younger children.  
|                                   | • Encourage parental involvement on special days where food is involved         | Class Teacher                     |
|                                   |                                                                          | Class Teacher                     |
|                                   |                                                                          | Headmaster/Head of Campus/Teachers |
| Trigger Food in the Canteen:      | • Inform canteen staff of students with allergies and anaphylaxis and to which foods they are allergic.  
|                                   | • Place a copy of the emergency response “Anaphylaxis First Aid with an EpiPen and/or Anaphylaxis First Aid with an AnaPen” in the school canteen.  
|                                   | • Identify foods that are likely to contain triggers and replace them with other nutritious foods. | Canteen Co-ordinator/ School Nurse/First Aid Officer/Head of Campus |
| Class Celebrations:               | • Awareness of students with food allergies and emergency management.  
|                                   | • Advise parents ahead of time of any food allergies so they can supply suitable food.  
|                                   | • Place a copy of students with anaphylaxis and the emergency treatment in the school canteen.  
<p>|                                   | • Identify foods that may contain trigger substances and replace them with healthy food. | Head of Campus/parents/guardians/teachers |
| Medication Allergies:             | • Educate students and peers regarding the importance of only taking medications prescribed for them. | School Nurse                     |
|                                   |                                                                          | Headmaster/Head of Campus         |
|                                   |                                                                          | Class Teachers                    |</p>
<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who/When</th>
</tr>
</thead>
</table>
| Medication/Allergies (continued) | • Ensure parents, carers, students and staff are informed about the school policy regarding medication administration.  
• Minimise students bringing medications to school. |                                               |
| Insect Allergies:             | • Specify play areas that are of a lower risk to students.               | Head of Campus/Clerk of Works/teachers        |
|                               | • Decrease the number of plants in the school that attract bees.         |                                               |
|                               | • Ensure students with insect allergies wear shoes at all times.         |                                               |
| Latex Allergies:              | • Avoid contact with latex swimming caps and latex gloves and balloons. | Swimming Pool Manager/School Nurse/Head of Campus/Class Teacher |
15.0 PROTOCOL IN THE EVENT OF AN ANAPHYLACTIC EPISODE IN A PERSON WITH SIGNS & SYMPTOMS OF ANAPHYLAXIS
### 15.1 AN ANAPHYLACTIC EPISODE IN THE CLASSROOM / WITHIN THE SCHOOL GROUNDS

<table>
<thead>
<tr>
<th>Adrenaline Auto Injector Device with Student</th>
<th>Receptionist Anaphylaxis Emergency Plan</th>
<th>Adrenaline Auto Injector Device is not with student</th>
</tr>
</thead>
</table>
| 1. Staff member to remain with student and sends a responsible person to inform Receptionist. | • Ensures Adrenaline Auto Injector Device kit has been supplied to student  
• Calls Ambulance  
• Calls School Nurse/First Aider.  
• Sends a responsible person to meet the ambulance.  
• Liaises with School Nurse/First Aider regarding contacting students’ parents. | 1. Remain with student and send a responsible person to retrieve Adrenaline Auto Injector Device kit. |
| 2. Receptionist activates Anaphylaxis Emergency Plan. | | 2. Ensure Receptionist is informed and activates Anaphylaxis Emergency Plan |
| 3. Follow Anaphylaxis Action Plan in Adrenaline Auto Injector Device Kit. Administer Adrenaline Auto Device. | | 3. Administer basic life support, asthma first aid if required while waiting for the Adrenaline Auto Injector Device kit to be retrieved. |
| 5. Administer basic life support or asthma first aid if required while waiting for ambulance to arrive. | • Anaphylaxis First Aid with an EpiPen (see attached).  
Or  
• Anaphylaxis First Aid with an AnaPen (see attached). | 5. How to use an Adrenaline Auto Injector Device. |
| 6. Provide Ambulance officer with a copy of the Anaphylaxis Plan (in Adrenaline Auto Injector Device Kit) for the student as well as the time the Adrenaline Auto Injector Device was administered. | | 6. Administer basic life support and asthma first aid if required while waiting for ambulance to arrive. |
| 7. Ensure a staff member accompanies the student in the ambulance until a parent/guardian arrives. | | 7. Provide Ambulance officer with a copy of the ASCIA plan (in Adrenaline Auto Injector Device Kit) for the student, as well as the time the Adrenaline Auto Injector Device was administered. |

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### How to use an Adrenaline Auto Injector Device.

- Anaphylaxis First Aid with an EpiPen (see attached).
- Anaphylaxis First Aid with an AnaPen (see attached).
15.2 **AN ANAPHYLACTIC EPISODE DURING AN OFF CAMPUS ACTIVITY/ CAMP**

### ANAPHYLAXIS IN FRONT OF YOU

<table>
<thead>
<tr>
<th>Adrenaline Auto Injector Device with Student</th>
<th>How to Use an Adrenaline Auto Injector Device</th>
<th>Adrenaline Auto Injector Device is not with student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff member remains with student and administers Adrenaline Auto Injector Device as per Anaphylaxis Plan in Adrenaline auto Injector Device Kit. Follow Instructions How to use an Adrenaline Auto Injector Device</td>
<td>Anaphylaxis First Aid with an EpiPen (see attached) Or Anaphylaxis First Aid with an AnaPen (see attached)</td>
<td>1. Remain with student and send a responsible person to retrieve Adrenaline Auto Injector Device kit.</td>
</tr>
<tr>
<td>2. Send a responsible person to call ambulance and get additional support. Have a responsible person wait to meet ambulance.</td>
<td></td>
<td>2. Follow Anaphylaxis Action Plan in Adrenaline Auto Injector Device Kit. Administer Adrenaline Auto Injector Device as per instructions How to use an Adrenaline Auto Injector Device</td>
</tr>
<tr>
<td>3. Administer basic life support or asthma first aid if required while waiting for ambulance to arrive. (If in an isolated area where access is limited follow ambulance advice)</td>
<td></td>
<td>3. Send a responsible person to call ambulance and get additional support. Have a responsible person wait to meet ambulance. (If in an isolated area where access is limited follow ambulance advice)</td>
</tr>
<tr>
<td>4. Provide Ambulance officer with a copy of the Anaphylaxis plan <em>(in Adrenaline Auto Injector Device Kit)</em> for the student as well as the time the Adrenaline auto Injector Device was administered.</td>
<td></td>
<td>4. Administer basic life support, asthma first aid if required while waiting for ambulance to arrive.</td>
</tr>
<tr>
<td>5. Ensure a staff member accompanies the student in the ambulance until a parent/guardian arrives.</td>
<td></td>
<td>5. Provide Ambulance officer with a copy of the Anaphylaxis Action Plan <em>(in Adrenaline Auto Injector Device Kit)</em> for the student, as well as the time the Adrenaline Auto Injector Device was administered.</td>
</tr>
<tr>
<td>6. Liaise with School regarding contacting students parents</td>
<td></td>
<td>6. Ensure a staff member accompanies the student in the ambulance until a parent/guardian arrives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Liaise with School regarding contacting students parents</td>
</tr>
</tbody>
</table>
### 15.2 Protocol in the Event of an Anaphylactic Episode in a Person Not Previously Diagnosed with Anaphylaxis - On and Off Campus

If a possible anaphylactic reaction is occurring and a generic Adrenaline Auto Injector Device is available, follow instructions as below:

#### ANAPHYLAXIS IN FRONT OF YOU
(Not Known Anaphylactic – Generic Epi-pen available)

<table>
<thead>
<tr>
<th>Student Previously Undiagnosed with Anaphylaxis</th>
<th>How to Use an Adrenaline Auto Injector Device</th>
<th>Receptionist/Responsible Person Anaphylaxis Emergency Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image.png" alt="Diagram" /></td>
<td><img src="image.png" alt="Diagram" /></td>
<td><img src="image.png" alt="Diagram" /></td>
</tr>
</tbody>
</table>

#### How to Use an Adrenaline Auto Injector Device

1. **Administrative Steps**
   - Staff member to remain with student and has responsible person initiate Anaphylaxis Emergency Plan →
   - Staff member with student calls ambulance to obtain advice regarding administering Generic Adrenaline Auto Injector Device →
   - Follow Anaphylaxis Action Plan in Adrenaline Auto Injector Device Kit. Administer Adrenaline Auto Injector Device →
   - Follow instructions →

#### How to Use an Adrenaline Auto Injector Device

2. **Initial Steps**
   - How to use an Adrenaline Auto Injector Device →
   - Administer basic life support or asthma first aid if required while waiting for ambulance to arrive.

3. **Support Arrangement**
   - Provide Ambulance officer with a copy of the Anaphylaxis Plan (in Adrenaline Auto Injector Device Kit) for the student as well as the time the Adrenaline Auto Injector Device was administered.

4. **Monitoring**
   - Ensure a staff member accompanies student in the ambulance until parent arrives.
16.0 POST INCIDENT SUPPORT

An anaphylactic reaction can be very traumatic for both the student having the reactions, parents/carers, staff and students witnessing the event. After an anaphylactic reaction has occurred the School Nurse/First Aid Co-ordinator is to:

- contact the student and parents/carer to offer support and to refer them to the School Counsellor/Pastoral Dean if required.
- ensure the student’s Adrenaline Auto Injector Device has been replaced prior to the student returning to school and the new expiry date has been documented.
- review the Anaphylaxis Action.
- Plan and AMIP after an anaphylactic reaction (NB: these are to be updated by the student’s parents/carer and Medical Practitioner if required.
- meet with the staff members/students who were directly involved in the incident to assist in a debriefing where the student/staff members can be referred to counselling if required AND identify aspects of the school’s procedures that may need further development.

Information gathered by the School Nurse/First Aid Co-ordinator is to be reported to the Head of Campus to ensure the effectiveness of the procedures and response.

17.0 ANAPHYLAXIS POLICY – REVIEW MANAGEMENT

- The Launceston Church Grammar School Anaphylaxis Policy is to be available on the school’s website. Parents of anaphylactic students are to be sent a copy of the Anaphylaxis Policy.

- The policy shall be reviewed annually or more frequently by the ‘Anaphylaxis Committee’ where there are significant changes to legislation, standards, codes or guidelines. Parents/students and staff are to be notified if there are changes to the policy.

A review will also occur post incident specifically to review the school’s emergency response; amend procedures and training where necessary.

- At the commencement of each year students with anaphylaxis are to meet with the School Nurse to ensure they are educated and aware of the procedure that will occur in the event of an anaphylactic reaction. This will provide an opportunity for the School Nurse/First Aider to identify any areas of further education.
Acknowledgements

Anaphylaxis (Severe Allergic Conditions) Policy – Cranbrook School - NSW
Anaphylaxis (Severe Allergic Conditions) Policy – Fahan School - TAS
Anaphylaxis Policy – Toorak College - VIC

References and Additional information

Asthma Foundation of Tasmania
http://www.asthmatas.org.au

Australasian Society of Clinical Immunology and Allergy (ASCIA),
http://www.allergy.org.au/content/view/10/3/

Department of Education “Requirements for schools having an enrolled student with anaphylaxis”

Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian government schools.

Department of Education and Early Childhood Development

Anaphylaxis guidelines for Tasmanian government schools
http://www.education.tas.gov.au/school/educators/health/students_health_care_requirements

Specific information is available relevant to schools and childcare centres

This section of the Anaphylaxis Australia website contains links to other state guidelines including:

Victorian Anaphylaxis Guidelines

NSW Health-Anaphylaxis Guidelines for Schools

Interim Guidelines for Queensland Schools

Information about peanut allergies can also be found at:
The Children’s Hospital Westmead

NSW Health

NSW Health
http://www.chw.health.nsw.gov.au
APPENDIX

- ASCIA Plans x 2
- Parent Cover Letters x 2
- Anaphylaxis management and Information Plan (including Risk Assessment)
- Expired Adrenaline Auto Injector parent reminder letter
- Protocol for notifying parents of expired Auto Adrenaline Injectors
- Anaphylaxis First Aid with an Epipen
- Anaphylaxis First Aid with an Anapen
**ACTION PLAN FOR Anaphylaxis**

**MILD TO MODERATE ALLERGIC REACTION**
- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

**ACTION**
- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer

**Watch for any one of the following signs of Anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**
- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

**ACTION**

1. **Give EpiPen® or EpiPen® Jr**
2. **Call ambulance** - telephone 000 (Aus) or 111 (NZ)
3. **Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
4. **Contact family/carer**
5. **Further EpiPen® doses may be given if no response after 5 minutes**

**If in doubt, give EpiPen® or EpiPen® Jr**

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.*

**Additional information**
ACTIONS PLAN FOR
Anaphylaxis
for use with EpiPen® or Epipen® Jr adrenaline autoinjectors
(with blue safety release and orange needle end)

MILD TO MODERATE ALLERGIC REACTION
• swelling of lips, face, eyes
• hives or welts
• tingling mouth
• abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION
• For insect allergy, flick out sting if visible. Do not remove ticks
• Stay with person and call for help
• Give medications (if prescribed) ..................................................
  Dose: ...........................................................................
• Locate EpiPen® or Epipen® Jr
• Contact family/emergency contact

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
• difficult/noisy breathing
• swelling of tongue
• swelling/tightness in throat
• difficulty talking and/or hoarse voice
• wheeze or persistent cough
• persistent dizziness or collapse
• pale and floppy (young children)

ACTION
1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
2 Give EpiPen® or Epipen® Jr
3 Phone ambulance*: 000 (AU), 111 (NZ), 112 (mobile)
4 Contact family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or Epipen® Jr

EpiPen® Jr is generally prescribed for children aged 1-10 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information
Dear Parent

According to the ‘Student Medical Information Form’ you have indicated that your child has a Severe Allergy with Anaphylaxis. In accordance with the School’s Anaphylaxis Policy please find enclosed copies of:

- Launceston Church Grammar School Anaphylaxis Policy
- Launceston Church Grammar School Anaphylaxis Information and Management Plan and Risk Assessment

It is a priority of all staff at the Launceston Church Grammar School to ensure the safety of your child. In order to fulfill our duty of care it is the policy of the School that all relevant documentation is completed, and is returned with a current Adrenaline Auto Injector Device prior to the commencement of your child at the Launceston Church Grammar School. Please complete the following:

- The ‘ASCIA (Australasian Society of Clinical Immunology and Allergy Inc) Action Plan.’ This must be completed and signed by a Medical Practitioner and include a recent photo of your child (your doctor will supply this form).
- An ‘Anaphylaxis Information and Management Plan and a Risk Assessment’. These forms need to be completed and signed by a Parent/Guardian.

After receiving all completed information a meeting will be arranged with the School Nurse.

The student’s Adrenaline Auto Injector Device Kit will contain;

- An Adrenaline Auto Injector Device which has NOT expired.
- Two ASCIA plans which have been signed by a Medical Practitioner and includes a recent photo of the student.
- Additional oral medication required during an anaphylactic reaction must be written on the ASCIA plan and supplied in its original container.
- Action Plan, signed by your General Practitioner.
- Pen.
- How to call ambulance card.

The student’s Adrenaline Auto Injector Device Kit location will be either;

- Front Office Reception
- or
- Kept on the student’s person (in a bum bag or Adrenaline Auto Injector Device belt).

If a student wishes to keep their Adrenaline Auto Injector Device in their school bag or pencil case then an additional Adrenaline Auto Injector device must be provided which will be kept at the Front Office Reception. This enables staff of the LCGS to quickly access the student’s Adrenaline Auto Injector Device Kit when required for a potential Anaphylactic Reaction.

As part of our commitment as an anaphylaxis friendly school we constantly offer Professional Development to our staff and revise our practices. As a school we have duty staff who carry an Action Plan for all known anaphylactic students and the campus has students’ Adrenaline Auto injector located at our front office and general areas at key points around the campus. These key points have been determined to ensure an Adrenaline Auto Injector is accessible within two minutes. On the key carnival days, or when excursions occur staff ensure that Adrenaline Auto injector will be taken with the group to the off site location. There is a different
practice in regards to the time period for both before and after school. Prior to 8.50am and after 3.30pm students will be required
to be responsible to carry their own Adrenalin Auto Injector. This is a change to current practise. At after school activities outside
of these hours, students without an Adrenalin Auto Injector will be returned to school or parents will be contacted to collect the
student. If a student needs to they can sign their pen out from reception, but must make sure it is returned at the start of the
following day. We encourage students to carry their own Adrenalin Auto Injector with them as this is often the fastest response
time in the event they may need to use the pen. At all times our practices are designed to ensure we provide the safest possible
environment for your children. This change in practise is to further increase the safety of students.

As a school we are committed to offering the safest environment we can for students and the school’s Anaphylaxis Policy can be
found on our website.

Please do not hesitate to contact the School Health Centre if you have any queries on (03) 6336 6033.

Yours sincerely

Nick Foster
Head of Senior School
Dear Parents and Carers,

According to the ‘Student Medical Information Form’ you have indicated that your child has a severe allergy with Anaphylaxis. In accordance with the School’s Anaphylaxis Policy please find enclosed copies of:

- Launceston Church Grammar School Anaphylaxis Policy
- Launceston Church Grammar School Anaphylaxis Information and Management Plan and Risk Assessment

It is the priority of all staff at the Launceston Church Grammar School to ensure the safety of your child. In order to fulfil our duty of care, it is the policy of the School that all relevant documentation is completed, and is returned with a current Adrenaline Auto Injector Device prior to the commencement of your child at the Launceston Church Grammar School. Please complete the following:

- The ‘ASCIA (Australasian Society of Clinical Immunology and Allergy Inc) Action Plan.’ This must be completed and signed by a Medical Practitioner and include a recent photo of your child (your doctor will supply this form).

- An ‘Anaphylaxis Information and Management Plan and a Risk Assessment’. These forms need to be completed and signed by a Parent/Guardian.

After receiving all completed information a meeting will be arranged with the School Nurse.

The students Adrenaline Auto Injector Device kit will contain;

- An Adrenaline Auto Injector Device which has NOT expired.
- Two ASCIA plans which have been signed by a Medical Practitioner and includes a recent photo of the student.
- Additional oral medication required during an anaphylactic reaction must be written on the ASCIA plan and supplied in its original container.
- Action Plan, signed by your General Practitioner.
- Pen.
- How to call ambulance card.

The student’s Adrenaline Auto Injector Device Kit location will be either;

- Front Office Reception
  or
- Kept on the student’s person (ie in a bum bag or Adrenaline Auto Injector Device belt).
If a student wishes to keep their Adrenaline Auto Injector Device in their school bag or pencil case then an additional Adrenaline Auto Injector Device must be provided which will be kept at the Front Office Reception. This enables staff of the LCGS to quickly access the student’s Adrenaline Auto Injector Device Kit when required for a potential Anaphylactic Reaction.

As part of our commitment as an anaphylaxis friendly school we constantly offer Professional Development to our staff and revise our practices. As a school we have duty staff who carry an Action Plan for all known anaphylactic students and the campus has students’ Adrenaline Auto Injector located at our front office and general pens at key points around the campus. These key points have been determined to ensure an Adrenaline Auto Injector is accessible within two minutes. On the key carnival days, or when excursions occur staff ensure that Adrenaline Auto Injector will be taken with the group to the off site location. We encourage students to carry their own Adrenaline Auto Injector with them as this is often the fastest response time in the event they may need to use the pen. At all times our practices are designed to ensure we provide the safest possible environment for your children.

As a school we are committed to offering the safest environment we can for students and the school’s Anaphylaxis Policy can be found on our website.

Please do not hesitate to contact the School Health Centre if you have any queries on (03) 6336 6033.

Yours sincerely

[Signature]

Jane King
Head of Junior School
### ANAPHYLAXIS INFORMATION AND MANAGEMENT PLAN

#### Student Information:

<table>
<thead>
<tr>
<th>Students Full Name:</th>
<th>Grade:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Parent/Guardian:</th>
<th>Second Parent Guardian:</th>
<th>Emergency Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Telephone (H):</td>
<td>Telephone (H):</td>
<td>Telephone (H):</td>
</tr>
<tr>
<td>Telephone (W):</td>
<td>Telephone (W):</td>
<td>Telephone (W):</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
</tbody>
</table>

#### Medical Information:

- **Student has Anaphylactic Reaction to:**
  
- **Has it involved hospitalisation?**  ☐ Yes  ☐ No
  
  **If yes, when did this occur and what was the outcome?**
   
- **Other known allergies:**
  
- **Known Medical conditions:**
  
- **Has the student been prescribed an Adrenaline Auto Injector Device?**  ☐ Yes  ☐ No
  
  (If Yes, Adrenaline Auto Injector Device must be kept)
  
  - ☐ On student in bum bag or Adrenaline Auto Injector Device belt only.
  - ☐ At Front Office Reception (to enable easy access in an emergency)

- **If the student wishes to keep an Adrenaline Auto injector Device in their school bag, then an additional Adrenaline Auto injector Device must be kept at reception.**
  
- **Will the student have an additional Adrenaline Auto injector in their school bag?**  ☐ Yes  ☐ No
## ASCIA Action Plan

<table>
<thead>
<tr>
<th>Medical Practitioner Contact Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _________________________________</td>
</tr>
<tr>
<td>Address: ______________________________</td>
</tr>
<tr>
<td>Telephone Number: _____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCIA Action Plan (Australasian Society of Clinical Immunology and Allergy Inc.) prepared and signed by Medical Practitioner with recent photo.</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed Anaphylaxis Information and Management Plan and Risk Assessment form returned to LCGS.</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adrenaline Auto Injector Device supplied to LCGS (current – not expired)</th>
<th>Date supplied:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exp Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication on ASCIA plan (current – not expired) and supplied in original container</th>
<th>Date supplied:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exp Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anaphylaxis Information and Management Plan, ASCIA Action Plan and Risk Assessment has been developed with my knowledge and participation and will be reviewed yearly or if the Action Plan changes.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Name: ____________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Signature: ___________________________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Office Use Only:**

<table>
<thead>
<tr>
<th>Action Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>School Nurse Name</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Headmaster</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
The following Risk Assessment will be used to identify potential risks for an anaphylactic reaction for your child. An appointment will be made for both your child and a parent/guardian to attend a meeting with the School Nurse to identify potential risks and strategies to minimise risk. The following form will be used in this Risk Assessment and has been included in the AMIP so you can review this prior to your meeting. Any ideas or strategies you wish to contribute at this meeting would be greatly appreciated.

<table>
<thead>
<tr>
<th></th>
<th>Risks: Actual/Potential: (including allergic triggers)</th>
<th>Strategies: (To reduce risk of reaction)</th>
<th>Who/When</th>
<th>needs to be included in the process/timeframes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before/After School: (including location of Adrenaline Auto Injector Device)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recess/Lunch:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Canteen:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travelling to/from school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE/Sport Activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LCGS Anaphylaxis Policy – Reviewed August 2013

<table>
<thead>
<tr>
<th>School Excursions:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Camps:</th>
<th></th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>School Functions:</th>
<th></th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Boarding House:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction

Date Risk Assessment completed _______________ Signature: __________________
School Nurse: __________________________________________ Signature: __________________
Parent/Guardian: __________________ Signature: __________________
Headmaster: __________________ Signature: __________________

To be reviewed on: _______________ (date) or after an anaphylactic reaction
LAUNCESTON CHURCH GRAMMAR SCHOOL HEALTH CENTRE

DATE: _________________________

Dear _________________________

Your son/daughter’s ________________________ Adrenaline Auto Injector Device/Medication is due to expire at the end of the month. Could you please provide the School with a replacement before the expiry date of ______________.

If you have any questions please contact the School Health Centre on 6336 6033.

Regards

Jenny Conti/Wendy Kerber
School Nurse
Launceston Church Grammar School
T: (03) 6336 6033   F: (03) 6336 6072
E: healthcentre@lchs.tas.edu.au
W: www.lchs.tas.edu.au
ANAPHYLAXIS

PROCESS FOR REPLACEMENT OF ADRENALINE AUTO INJECTORS/MEDICATION

• As per policy Health Centre Staff will prepare a reminder letter to Parents/Guardians 1 month prior to expiry of adrenaline auto injector/medication [see attachment].

• This reminder letter will be provided by Health Centre Staff to the Head of Campus Assistant who will:
  - scan and email it to House Heads/Grade 7 Co-ordinator/Class Teacher to follow up; and
  - pass the original to Reception to post.

• Reception or other staff will notify Health Centre Staff when adrenaline auto injector/medication is replaced.

• If adrenaline auto injector/medication is not replaced by expiry date the matter is referred to Head of Campus who notifies Parents/Guardians that the student is unable to attend School until a replacement is supplied.

Note:

❖ Parents are sent the Anaphylaxis Policy.

❖ The Anaphylaxis Policy is available on the School website.

❖ Each year Parents/Guardians are interviewed by the School Nurse and procedures have been explained to them.
Date

Dear

________________________________________

Auto Adrenaline Injector/Medication

(medication name) is due to expire

At the end of the month.

Please provide the School with a replacement prior to the Auto Adrenaline Injector/Medications expiry date.

Please note: as per the LCGS Anaphylaxis Policy if the Auto Adrenaline Injector/Medication is not replaced by the due date your child will be unable to attend school.

If you have any questions regarding this please contact a School Nurse on 6336 6033.

Kind regards

Jenny Conti and Wendy Kerber
Launceston Church Grammar School
T: (03) 6336 6033  F: (03) 6336 5972
E: healthcentre@lCGS.tas.edu.au
W: www.lcgs.tas.edu.au
How to give EpiPen®

1. Fold flat around EpiPen® and pull off blue safety release.

2. 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 10 seconds.

4. Remove EpiPen®, massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources

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ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
3. Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

*After giving adrenaline:
  - Commence CPR if there are no signs of life
  - Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 6 years.
EpiPen® Jr is generally prescribed for children aged 1 - 5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.
ANAPHYLAXIS FIRST AID
with an AnaPen

STEP 1
Lay person flat.
Pull BLACK shield off the needle end.
Pull the GREY safety cap off the red button.

STEP 2
Place needle end firmly on mid outer thigh (with or without clothing).
Press RED button.
Hold in position for 10 seconds.

STEP 3
Remove AnaPen.
Massage injection site for 10 seconds.
Elevate legs.

STEP 4
Call 000.
If breathing is difficult, sit up at 45°.

FREE HELP AND ADVICE 1800 645 130
PRINCIPAL SPONSOR: Aurora Foundation of Tasmania

This is only a general and abridged guide to how to administer an EpiPen and an AnaPen. Anyone who uses either device should be fully conversant with the student’s anaphylaxis records and follow the complete protocol as prescribed in ASCIA’s Action Plan for Anaphylaxis.