



1) Purpose

- a) Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergy. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), fish and shellfish (e.g. prawn and crab), wheat, soy, sesame, lupin and certain insect bites and stings (particularly bees, wasps, ants and ticks).
- b) The key to prevention of anaphylaxis in schools is knowledge of students who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. The purpose of this policy and procedure is to describe how Launceston Church Grammar School will work together with parents / guardians and students to help students at risk of anaphylaxis avoid exposure to allergens. It also outlines important information for staff who engage with those students, regarding medications and the treatment of anaphylactic shock.

2) Scope

- a) This policy applies to all staff, students and parents/guardians at Launceston Grammar Junior Campus and Senior Campus, including the Early Learning and Outside of School Hours Care areas.

3) Definitions

Term / Abbreviation	Definition
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.
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.
ASCIA Action Plan	Action Plans for Anaphylaxis 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 care. The Anaphylaxis Action Plan is a written instruction from a medical doctor annually 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.

Adrenaline	A chemical naturally produced by the body when feeling anxious or stressed. It makes a human heartbeat faster, opens airways and increases blood pressure and blood sugar levels.
Adrenaline Autoinjector Device	An adrenaline autoinjector device is a single use automatic injecting device that delivers a measured dose of adrenaline (e.g. an EpiPen®). Adrenaline autoinjector 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 autoinjectors are available in different doses specific to body weight. For safety reasons, the School accepts the supply of EpiPen® only.
Adrenaline Autoinjector Device Kit	An adrenaline autoinjector device kit is a kit that is supplied by the person who has been prescribed the adrenaline autoinjector device or by a parent/guardian. It should be accessible at all times to the person with anaphylaxis. The kit should contain: <ul style="list-style-type: none"> • insulated container • the student's adrenaline autoinjector device • two copies of student's Anaphylaxis Action Plan (ASCIA) which includes contact for Parents/Guardians • other medication for the allergic reaction if prescribed (e.g. antihistamine or bronchodilators) • A pen to record the time that adrenaline was given
Individual Anaphylaxis Health Care Plan	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 and should be developed in consultation with families. An Individual Anaphylaxis Health Care plan must be reviewed annually or when new information such as a change in medical condition occurs. As at 27 March 2024 this process is under review by the School Nurse. Please see her for current information.
Launceston Grammar / The School	Launceston Church Grammar School

4) Launceston Grammar's Policy

- a) Launceston Grammar is committed to providing a safe learning environment for all our students. The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained they cannot achieve a completely risk free environment. The risk of anaphylaxis can be reduced, but not eliminated. It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately. Anaphylaxis should always be treated as an emergency.

- b) It is our policy to:
 - i) provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
 - ii) raise awareness of food and insect allergy, the risk of anaphylaxis and the School's anaphylaxis management policy in the School community
 - iii) engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
 - iv) ensure that staff have knowledge about allergies, can recognise allergic reactions including anaphylaxis and understand the School's guidelines and procedures in responding to anaphylaxis.

5) Mental Health and Anaphylaxis

- a) High levels of anxiety may often be seen in parents/guardians of students at risk of anaphylaxis or severe allergies. Anxiety may increase when there is a change to education including starting at the School or transferring to the School. The School understands and maintains regular communication with parents/guardians of students at risk of anaphylaxis or severe allergies in order to reassure them of the strategies in place to manage their child's allergies in a safe environment. Partnerships between the School and parents/guardians are important in helping students at risk of anaphylaxis avoid exposure as well as age-appropriate education for students.

6) Identification of Students at Risk

- a) Parents/guardians are requested to notify the School of all medical conditions including allergies. This should be done at time of enrolment, by completing the student medical information form, or, if an allergy develops post-enrolment, by contacting the School Nurse.
- b) Students who are identified as at risk of anaphylaxis are considered high risk. For each of these students, an Individual Anaphylaxis Health Care Plan is developed and annually reviewed and updated.
- c) For students who are showing signs of an allergic reaction or an anaphylactic reaction for the first time, and do not otherwise have an individual ASCIA Action Plan, staff should follow the procedure at the end of this document.
- d) Where the student requires a first aid response that is not the standard first aid response for the School, staff should refer to the student's individual first aid plan, which will be stored with their Individual Anaphylaxis Health Care Plan.
- e) If a staff member administering first aid is required to use an adrenaline autoinjector for general use from the School's first aid kit they should refer to the ASCIA Action Plan for Anaphylaxis for General Use (Orange) stored with the first aid kit for instructions on administering adrenaline.

- f) Individuals with an allergy that have only ever had mild/moderate allergic reactions are at low risk of having an anaphylaxis, but there is still a risk. They are often not prescribed an adrenaline autoinjector but should have an ASCIA Action Plan for Allergic Reactions (Green). They should also still have strategies implemented to reduce risk detailed on their Individual Health Care plan.
- g) Individuals that have had a previous severe allergic reaction/anaphylaxis to triggers (other than medications) and those deemed to be at high risk by their doctor or medical practitioner are prescribed an adrenaline autoinjector and given an ASCIA Action Plan for Anaphylaxis (Red).

7) Common Allergens for Which Students May be at Risk of Allergy or Anaphylaxis

a) Common food allergies include:

- egg
- milk
- peanuts
- tree nuts
- fish
- shellfish
- soy
- sesame
- wheat
- lupin.

b) Other less common allergies can be caused by:

- mammalian meat (following tick bite exposure)
- insect bites and stings
- latex
- pollen
- mould
- aerosols
- certain medications.

8) Signs and Symptoms for a Mild to Moderate Allergic Reaction

a) Signs and symptoms for a mild to moderate allergic reaction may include:

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).

9) Individual Anaphylaxis Health Care Plans (as at 27 March 2024 this process is currently under review, refer to ASCIA Plan)

- a) An Individual Anaphylaxis Health Care Plan must be developed in consultation with the student's parents/guardians for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This forms a subset of a student's Individual Health Care Plan. Each Individual Anaphylaxis Health Care Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the School. For further reference, see Launceston Grammar's *Health Care Plans for at Risk Students Policy*.
- b) Each Individual Anaphylaxis Health Care Plan includes:
 - i) the student's medical status (has an allergy but not prescribed an adrenaline (epinephrine) autoinjector or at risk of anaphylaxis and has been prescribed an adrenaline autoinjector)
 - ii) the student's ASCIA Action Plan (an emergency response plan)
 - iii) learning and support needs of the student, where applicable
 - iv) list of strategies to reduce the risk of a reaction
 - v) medication prescribed for treating the student's medical condition
 - vi) emergency care information.
- c) Each Individual Anaphylaxis Health Care Plan contains daily management strategies specific to the student it is written for and must be signed off by the parent/guardian and the School Nurse or First Aid Officer.
- d) Each student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:
 - i) annually, and as applicable
 - ii) if the student's condition changes
 - iii) immediately after the student has an anaphylactic reaction

10) Internal Communications

- a) The Heads of Campus are responsible for providing information to all staff, students and parents/guardians about allergy and anaphylaxis and the development of the School's anaphylaxis risk minimisation/prevention strategies.

11) Staff Training

- a) Generally, the School promotes allergy awareness. Refer to Launceston Grammar's [Allergy Awareness Guide](#).
- b) Whenever a student at risk of anaphylaxis is under the care or supervision of Launceston Grammar, including excursions, yard duty, camps and special event days, the School must ensure that there are a sufficient number of staff present who have up to date anaphylaxis training and know how to prevent, recognise and treat anaphylaxis.
- c) Teachers and other School staff who have regular contact with students at risk of anaphylaxis must undertake training in anaphylaxis management, including how to reduce the risk of a reaction, how to recognise a reaction and then how to respond to an emergency, including practical training in the use of an adrenaline autoinjector. Training autoinjector devices will never be stored in the same location as adrenaline autoinjectors for general use at the School and will be clearly labelled as training devices to avoid the risk of confusion.

12) Volunteers and Casual Relief Staff

- a) All casual relief staff will be fully trained in the management, recognition and emergency treatment of anaphylaxis. Volunteers must be trained if they deal with students at risk of anaphylaxis as part of their role at the School.
- b) Students at risk of anaphylaxis must not be left in the care of a volunteer during any School activities unless the volunteer is related to the student at risk of anaphylaxis or the parent/guardian of the student consents.

13) Self-Administration of an Adrenaline Autoinjector

- a) The student and their parents/guardians can determine whether a student can carry their own adrenaline autoinjector and/or administer their own adrenaline autoinjector should anaphylaxis occur. A second kit should be held at reception.
- b) The School Nurse / Head of Junior Campus will make this assessment on a case-by-case basis, determining whether the student is capable of self-administration, and whether it is age appropriate.
- c) If a student self-administers their own adrenaline autoinjector, a staff member should supervise the student at all times and be prepared to provide assistance if the student's condition deteriorates to the point that they are confused or unable to self-administer for any reason.

14) Medication and Adrenaline Autoinjector Storage and Location

- a) Each student's medical kit with adrenaline autoinjector device, medication and ASCIA Action Plan will be stored at the relevant campus reception and checked once per term by the School Nurse to ensure that they have not expired, become discoloured or sediment is visible.
- b) Some students may also carry a second medication kit (including their adrenaline autoinjector device) on their person, with the other kit held at reception.
- c) For children under 10 years, it is not advised that they carry their medication kit unless they:
 - i) travel to school without an adult present, or
 - ii) have been advised to do so by their prescribing medical practitioner.
- d) Students above the age of 10 years may carry their own second medical kit (including their adrenaline autoinjector and ASCIA Action Plan). If they do so, it will be listed in the student's Individual Anaphylaxis Health Care Plan.
- e) We encourage all senior students diagnosed as being at risk of anaphylactic shock to carry one of their adrenaline autoinjector devices with them as this is often the fastest way for them to receive treatment should they need it.
- f) Students who carry their own autoinjector device must always have it with them as they move from class to class, are at activities off the School grounds and during travel to and from the School without parental/adult supervision. These students can either carry their medical kit in a bum bag, pocket, sports belt, belt holster or in their school bag. If in their school bag, the bag must be taken with them everywhere and not placed in their locker or on other communal bag racks. The medical kit must be easily accessible at all times.
- g) Prior to 9am and after 3.25pm, all senior students diagnosed with being at risk of anaphylactic shock will be required to be responsible for carrying their own adrenaline autoinjector device. At after school activities outside of school hours, any student without an autoinjector device who should have one, will be returned to school or parents contacted to collect the student. If a student needs, they can sign their autoinjector device out from senior campus reception, but they must ensure it is returned at the start of the following school day.
- h) For all students, adrenaline autoinjectors for general use must be stored in various locations around the School which are easily accessible, central and unlocked. A copy of the ASCIA Action Plan for Anaphylaxis for General Use must also be stored with the adrenaline autoinjector for general use.
 - i) The adrenaline autoinjector for general use can be used:
 - (1) on someone not previously diagnosed
 - (2) on an individual known to be at risk of anaphylaxis that does not have their own device immediately accessible or the device is out-of-date
 - (3) when a second dose of adrenaline is required before an ambulance has arrived
 - (4) if an individual's device has misfired or accidentally been discharged.

i) Launceston Grammar maintains adrenaline autoinjectors for general use and other relevant medication in the following locations:

i) on the Junior Campus:

- Reception / First Aid Room
- Faulkner Hall
- Resource Centre
- Duty bum bags
- Street Building
- Omagh Upstairs
- Rooney Top Floor
- Art House

ii) on the Senior Campus:

- Reception
- Health Centre
- Poimena
- HPE Office
- Grade 7 Log Cabins
- Maintenance Shed
- Boarding House
- Outdoor Education area

iii) in these other locations:

- Faulkner Park
- Rowing Sheds

j) Policies and procedures for administering adrenaline autoinjectors are outlined in Launceston Grammar's *Medication Administration Policy*. Generally, any used adrenaline autoinjector should accompany the student to the hospital.

k) Whenever a student at risk of anaphylaxis participates in activities outside of the School such as excursions and camps, the student's individual ASCIA Action Plan and the student's prescribed device must be taken. At least one of the School's adrenaline autoinjectors for general use must be taken with an ASCIA Action Plan for Anaphylaxis for General Use. See below for further procedures on camps and excursions.

15) Management of School's Adrenaline Autoinjectors for General Use

- a) The School Nurse (Senior Campus) or First Aid Officer (Junior Campus) reviews all adrenaline autoinjectors for general use visually on an annual basis to make sure they are not expired or damaged. Most adrenaline autoinjectors have a one or two year expiry.
- b) Where the School adrenaline autoinjector for general use is expired and no other device is available, the School may use this device if there is an incident of anaphylaxis.

16) Responsibilities

- a) It is the responsibility of the parent/guardian to:
 - i) notify the school of any known anaphylaxis diagnosis on the Student Medical Form at the time of enrolment or when a condition is first diagnosed
 - ii) supply a current photo
 - iii) share as much detailed information as possible. For example, circumstances surrounding previous anaphylaxis, diagnosis of asthma, medications taken at home.
 - iv) provide the School with their child's ASCIA Action Plan, completed and signed by a medical practitioner
 - v) provide the school with an in date adrenaline autoinjector device and any prescribed medication noted on the ASCIA Action Plan. Medication must be provided to the school with medication in its original packaging with a pharmacy label clearly showing student's name, dosage and time information as per Launceston Grammar's Medication Administration Policy.
 - vi) replace student's adrenaline autoinjector device prior to its expiry date. If the student has multiple adrenaline autoinjector devices and / or medication supplies at the school (e.g. in a school bag), it is the parent/guardian's responsibility to ensure these are in date and accompanied by an ASCIA Action Plan.
 - vii) collect expired medication for disposal. If not collected within two weeks, the School will dispose of medication at a local pharmacy
 - viii) meet with the School Nurse or Head of Junior Campus to discuss the Individual Anaphylaxis Health Care Plan and risk mitigation strategies
 - ix) inform the School if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan. The ASCIA Action Plan needs to be renewed at least every 12 months.
 - x) assist the School in planning and preparation of events including Outdoor Education, field trips, excursions, school camps and special events as required
 - xi) supply alternative food options if necessary

- xii) if staff and parents/guardians have difficulty agreeing on management strategies, communication with the student's medical practitioner should be considered.
- b) It is the responsibility of all Launceston Grammar staff to follow the anaphylactic shock management guidelines and procedures set out in this Policy.

17) Procedures

a) In the classroom, teachers should:

- i) ensure they are aware of the identity of any students who are at risk of anaphylaxis. Facial recognition in class groups is encouraged
- ii) be familiar with location and use of the student's ASCIA Action Plan and adrenaline autoinjector
- iii) ensure that medication is readily accessible (not in a locked cupboard or location)
- iv) be familiar with how to respond to anaphylaxis using the first aid procedures as detailed in this policy
- v) liaise with parents/guardians about food-related activities ahead of time
- vi) use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the School's Allergy Awareness Guide
- vii) never give food to a student who is at risk of anaphylaxis without consulting a parent/guardian. Older students can read packaging themselves and should use caution about accepting food not labelled
- viii) be aware of the possibility of allergens including hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)
- ix) have regular discussions with students about the importance of washing hands, eating their own food and not sharing food

b) Casual and relief teachers are:

- i) made aware of risk minimisation strategies and are trained to recognise and respond to an allergic reaction which may present as anaphylaxis
- ii) provided with a copy of students' ASCIA Action Plan upon commencing employment
- iii) required to have completed any necessary training before commencing casual employment

- iv) required to know the signs and symptoms of an allergic reaction, know where the students ASCIA Action Plan and emergency medication are and know when and how to administer the adrenaline autoinjector

c) At 1847 Café / In the Dining Room

- i) in the event we use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of food allergen management and its implications for food handling
- ii) with permission from parents/guardians, canteen and dining room staff (including volunteers), should be briefed about students at risk of anaphylaxis
- iii) with permission from parents/guardians, the School may have the student's name, photo and the foods they are allergic to displayed in the canteen and dining room (facing away from easy sight of students visiting the café or dining room) as a reminder to staff and volunteers
- iv) food banning is not recommended however the School may choose not to stock peanut and tree nut products (including nut spreads), or replace foods which contain known allergens for our students with other suitable foods
- v) students who have any concerns over ingredients / potential allergens in foods should speak to canteen staff
- vi) staff should be aware of the potential for cross-contamination when storing, preparing, handling, displaying and serving food
- vii) staff should ensure tables and surfaces are cleaned and sanitised regularly with food grade chemicals as part of a detailed cleaning roster
- viii) any equipment used should be put through a dishwasher set at a minimum of 82 degrees
- ix) staff should be strongly encouraged to do free training for food service staff related to allergen awareness and handling
- x) staff that are best trained in food allergy management should prepare food and serve students with a known food allergy.

d) In the School yard:

- i) a student with anaphylactic responses to insects should wear shoes at all times
 - ii) outdoor bins should be kept covered
 - iii) a student with anaphylactic responses should be encouraged to keep open drinks (e.g. drinks in cans) covered while outdoors
 - iv) staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch)
 - v) the adrenaline autoinjector for general use should be easily accessible
 - vi) staff on duty are to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
- e) **During Off-site School Settings (field trips, excursions):**
- i) the student's adrenaline autoinjector device, Individual Anaphylaxis Health Care Plan, ASCIA Action Plan for Anaphylaxis and a means of contacting emergency assistance must be taken
 - ii) at least one adrenaline autoinjector for general use should also be taken
 - iii) one or more staff members who have been trained in the recognition of anaphylaxis and administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
 - iv) staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
 - v) parents/guardians should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required)
 - vi) parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with them as another strategy for supporting the student
 - vii) staff should consider the potential exposure to allergens when consuming food on buses.

f) During Off-Site School Settings (camps and remote settings):

- i) When planning School camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers
- ii) Camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylactic shock and the School should liaise with these providers to identify and manage the risks e.g. insect nests on the property, managing dietary requirements where food is provided etc.
- iii) Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals, ensuring that their own meals do not put any other students at risk.
- iv) Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. Alternatives will be made available when necessary.
- v) Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.
- vi) The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and a mobile phone, or other effective communication device, must be taken on camp.

- vii) A further two adrenaline autoinjectors for general use should also be carried by staff, in case a student with a previously undiagnosed risk of anaphylactic shock should experience a severe allergic reaction.
- viii) A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
- ix) Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- x) Staff should be aware of what local emergency services are in the area and know how to communicate their exact location to emergency services if required.
- xi) Senior school students are expected to carry their own adrenaline autoinjector device and keep it with them at all times, while staff carry the student's medical kit which includes a second device.
- xii) Junior school students are not required to carry their own adrenaline autoinjector device, but it should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times
- xiii) students with allergies to insect venoms should always wear closed shoes when outdoors
- xiv) cooking and art and craft games should not involve the use of known allergens

g) During Boarder Leave

- i) If a boarding student leaves campus on local or extended leave, they are required to take their adrenaline autoinjector device with them, signing it out and back again from the Boarding House.

h) Signage

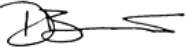
- i) Copies of the ASCIA Action Plan are in each student's medical kit with their adrenaline autoinjector/s.
- ii) With permission from parents/guardians, it may be appropriate to have a student's name, photo and their allergen displayed in other locations around the School.

18) Implementation

- a) This Policy is implemented through a combination of:
- i) School premises inspections (to identify wasp and bee hives)
 - ii) staff training and supervision
 - iii) maintenance of student medical records
 - iv) effective incident notification procedures
 - v) effective communication with the student at risk and their parent/guardian
 - vi) effective communication procedures with the School community including all students' parents/guardians
 - vii) initiation of corrective actions where necessary.

19) Discipline for Breach of Policy

Where a staff member breaches this policy, Launceston Grammar may take disciplinary action.

DOCUMENT CONTROL			
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All School Policies can be found under the Policies and Procedures page on myGrammar.			
Signature of Approver:			
Position of Signatory: Principal			

Appendix i

Procedure in the Event of an Anaphylactic Episode

<p>In the event of someone experiencing anaphylactic shock:</p> <ul style="list-style-type: none"> • Stay with the person • Lay them flat OR • Sit them upright if they are experiencing breathing difficulties • Ensure they are no longer exposed to the allergen or trigger 		
<p>Person <i>carrying their own</i> adrenaline autoinjector device</p>	<p>Person <i>without their own</i> adrenaline autoinjector device</p>	<p>Person <i>previously undiagnosed</i> as at risk of anaphylactic shock</p>
<ul style="list-style-type: none"> • Send for help from a responsible person (if on Campus, notify reception, who will contact the School Nurse / First Aid officer) • Give adrenaline autoinjector device (refer to device label for instructions) • Call Ambulance 000 • Obtain advice from paramedics 	<ul style="list-style-type: none"> • Send for 'Anaphylaxis Kit' and for help from a responsible person (if on campus, notify reception, who will contact the School Nurse / First Aid Officer) • Give adrenaline autoinjector device (refer to device label for instructions) • Call Ambulance 000 • Obtain advice from paramedics 	<ul style="list-style-type: none"> • Send for nearest 'Anaphylaxis Kit' and for help from a responsible person (if on campus, notify reception, who will contact the School Nurse / First Aid Officer) • Call Ambulance 000 • Obtain advice from paramedics – only administer adrenaline autoinjector device on their advice.
<ul style="list-style-type: none"> • Ensure parents / guardians / emergency contact are alerted • Send responsible person to meet and direct ambulance • Administer basic life support / first aid • Further adrenaline may be administered after five minutes • Provide ambulance with ASCIA plan (if applicable) and time autoinjector device administered • Send used autoinjector device with patient to hospital • Ensure a staff member accompanies the person to hospital until parents/guardians/other next of kin arrive • Complete incident report as soon as practicable • For further actions, refer to procedures for post-anaphylactic events 		

Appendix ii

Procedure for Post Anaphylactic Events

An anaphylactic reaction can be very traumatic for the student experiencing the reaction, parents / guardians, as well as staff and students witnessing the event. After an anaphylactic reaction has occurred, the School Nurse will:

- a) Contact the student and parents/guardians to offer support and to refer them to the School Counsellor / Head of Campus if required.
- b) Ensure the student's adrenaline autoinjector device has been replaced prior to the student returning to school and document the expiry date.
- c) Review the student's Individual Anaphylaxis Care plan and ASCIA Action Plan with parents/guardians following an anaphylactic reaction (these are to be updated by the student's parents/guardians and medical practitioner if required)
- d) Meet with the staff members / students who were directly involved in the anaphylactic incident. Student / staff members can be referred to counselling if required
- e) Identify aspects of the school's procedures that may need further development

An incident report will be submitted to school management via Complispace by the staff member present at the anaphylaxis event to ensure the effectiveness of the procedures and response.

Appendix iii

Procedures for Storing and Signing Out Adrenaline Autoinjector Devices

Launceston Grammar acknowledges that adrenaline autoinjector devices must be stored:

- a) at room temperature
- b) away from direct sunlight
- c) in an unlocked area
- d) appropriately labelled

The adrenaline autoinjector device must be signed in and out, using the sign out book located at the appropriate campus reception by either the student or a staff member when the student is off campus and must be returned prior to the student's return to class. Staff will note the adrenaline autoinjector's expiry date to ensure the same device is returned to the school.

Appendix iv Student Medical Information Form Process

