



Serpell Primary School

Anaphylaxis Management Policy



Purpose

To explain to Serpell Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Serpell Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope

This policy applies to:

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

Policy

School Statement

Serpell Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Symptoms

Signs and symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

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

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

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Plans

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

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

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

Location of Plans and Adrenaline Autoinjectors

Adrenaline Autoinjectors are stored on the shelf in the Health Centre which is unlocked. They are easily accessible in grade order. They are stored away from direct light and heat and not in a refrigerator or freezer.

Each Adrenaline Autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan in the student's thermal bag.

Risk Minimisation Strategies

Risk identified	Actions required to minimise the risk	Who is responsible
Misc.	Parents of new students meet with the School Nurse before the start of the year (usually during orientation in Dec)	Nurse, Parent
	Photographs of the anaphylactic children are displayed throughout the school	Nurse, Office staff
Class Activities	Be aware of hidden allergens in cooking, science, art etc.	Teacher

	Do not use egg containers or empty food containers.	Teacher
	Avoid using food in games or activities.	Teacher
	At the start of the year, prep parents complete a 'Notice to Buddy' letter to inform the buddies of the child's allergy. This is then given to the buddy when they meet.	Parent, Teacher, Nurse.
	If class room activities involve food, e.g., science experiments, teacher to send home note requesting written consent to allow the child to participate. Activities will be modified to ensure the anaphylactic child can participate.	Teacher, Parent.
Sharing Lunches	Discuss with students about washing hands, eating their own food and not sharing food.	Teacher
	Supervise children eating lunch and snacks in class.	Teacher
	Discuss with children the foods that may cause allergies.	Teacher
	Reinforce that school prefers these foods are not included in school lunches and snacks.	Teacher, Parent
	Teachers will send a note home to alert parents that there is a child with allergies in the class. Office staff/School Nurse to prepare letters.	Teacher, Office Staff, School Nurse
	Food for the child should only be provided by the parent. Teachers will not give the child food from an outside source.	Parent, Teacher
School Excursions	The mobile phone, student's Epipen and action plan is taken on all excursions.	Teacher
	The Epipen is signed in and out from the Health Centre and is returned immediately on return to school.	Teacher
	All staff on excursions to be aware that there is a student at risk of anaphylaxis.	Teacher Team Leader
	Staff have a procedure that sets out roles and responsibilities in case of an anaphylactic reaction.	Teacher Team Leader
Class Parties	Liaise with parents about food related activities ahead of time	Teacher, Parent
	Involve parents in specials days that involve food.	Teacher, Parent
	A risk assessment is conducted. Teachers to send note to parents requesting they either provide food for their child or give permission for the listed food to be eaten (depending on the level of risk).	Teacher, Parent, Nurse
	Parents to provide a labelled treat box to remain in class.	Parent
Class pets/ pet visitors /school farmyard	Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food.	Teacher, Parent
Chickens hatching in classroom	Children with egg allergies should wash their hands after touching the incubation box in case there is any residual egg.	Teacher
	The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present.	Teacher
	Encourage the parent/carer to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth.	Parent, Teacher
	If there is concern about the child having a skin reaction, consider the child wearing gloves.	Teacher, Parent
Chickens hatching in classroom	All children wash hands after touching the chicks in case there is residue of egg protein, in addition to usual hygiene purposes.	Teacher
Camp	The camp is advised in advance of any food allergies.	Teacher, Camp Coordinator
	The mobile phone, student's Epipen and action plan is taken on all camps.	Teacher
	The school spare Epipen is taken on camp.	Teacher
	Staff have an emergency procedure that sets out roles and	Teacher, Camp

	responsibilities.	Coordinator
	Staff are aware of local emergency services in the area and how to access them. Camp Coordinators liaise with camp staff prior.	Teacher, Camp Coordinator
Canteen	Canteen Management Services ensures staff are trained in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: <ul style="list-style-type: none"> • 'Safe Food Handling' in the School Policy and Advisory Guide, available at: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx • Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/ 	Canteen Staff
	All packaged foods have a label of ingredients.	Canteen Staff
	Anaphylactic student's name and photo are displayed in the canteen.	Canteen Staff, Office Staff
	Products labelled 'may contain traces of nuts' are not served to students allergic to nuts.	Canteen Staff
	The Canteen provides a range of healthy meals/products that exclude nut products in the ingredient.	Canteen Staff
	Tables and surfaces are wiped down with warm soapy water regularly.	Canteen Staff
	Parents are requested to write the type of allergy on the lunch order bag.	Parents, Canteen Staff
OHSC	Camp Australia ensures all OHSC staff are trained in Anaphylaxis management.	OHSC Staff, Camp Australia
	OHSC staff have copies of Anaphylaxis Action plans and Epipens for individual students.	OHSC Staff

Strategies To Avoid Allergens-Overseas Travel

Misc.	Parents meet with the School Nurse and teacher to discuss risk minimisation.	Nurse, Parent, Teacher
	Ensure there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food.	Teacher
	Plan to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan.	Teacher
Travel Insurance	Record details of travel insurance, including contact details of the insurer.	Parent, Teacher
	Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.	Parent, Trip Coordinator
	Have adequate travel insurance. Ensure the policy covers anaphylaxis. Special approval may be required.	Parent, Trip Coordinator
Travel Insurance	Check if there are any special conditions (e.g. doctor's report required, an additional fee to cover anaphylaxis)	Parent, Trip Coordinator
Documents Required	Extra prescriptions of medication to cover the trip in case required.	Teacher, Parent, GP
	Doctor's letter about the medications that need to be taken.	Parent, GP
	Updated ASCIA Action Plan for Anaphylaxis and ASCIA Travel Plan	Nurse, Teacher
	Photograph all documents onto a mobile phone together with the prescriptions or make copies and store in different locations and with another staff member.	Teacher
	Medical report for the travel insurance policy, if required.	Parent, Trip Coordinator
Airline	Contact the airline/s to determine their policies regarding food allergy	Trip Coordinator

	well in advance of travel and before booking tickets.	
	Tell the travel agent and airline/s about the food allergy in advance.	Trip Coordinator
Medication	Take enough for the trip, plus some spare in case there are delays, are lost or need a higher dose because of illness.	Parent, Teacher
	Make sure medicines are in date.	Parent, Teacher
	Consider if the student needs to carry the adrenaline autoinjector on them, e.g., belt pouch.	Parent, Nurse, Teacher
	Take at least one extra adrenaline Autoinjector for general use and decide which staff member will carry it.	Parent, Nurse, Teacher
	Take medication in original packaging.	Parent
	Carry essential medicines in the hand luggage only, not checked in luggage. They must be easily accessible at all times. Keep it with the student or under the seat in front and NOT in the overhead locker. It needs to be accessible with the seatbelt fastened.	Teacher
On the airplane	Notify ship or airline attendants on boarding about the allergies and indicate the location of your ASCIA Action Plan and adrenaline autoinjector.	Teacher
	Consider notifying passengers around the student, to reduce the likelihood that food may be offered to the student.	Teacher
	Consider taking the students own supply of food, bearing in mind restrictions on liquids for international flights. This is particularly important when considering the bottle size of antihistamine liquid.	Teacher, Parent
	Consider wiping down tables and armrests to remove possible residual food allergens. Take disposable wipes.	Teacher
	Some airlines offer "exclusion zones" (not serving allergenic food within a few rows of the allergic person). While this can be requested, availability cannot be guaranteed. Since the effectiveness of 'exclusion zones' has not yet been researched, it is unknown whether this is an effective strategy to reduce the risk of allergen exposure	Trip Coordinator
Accommodation all venues	Consider self-catering accommodation, which provides the option of safely preparing.	Trip Coordinator
	Tell the venue about the food allergy in advance and determine if they are able to cater for the student.	Trip Coordinator, Teacher
	If the student is staying with a host family, consider a staff member also staying with the host family with the option of also preparing meals.	Teacher, Trip Coordinator
Sourcing safe foods at all locations	Research prior, where safe food can be purchased.	Trip Coordinator
	Always take packaged, alternative food in case there are no safe foods available.	Teacher, Parent
	Be aware of a safe alternative food that is readily available in that particular country, e.g., rice.	Teacher, Trip Coordinator
Risk of cross contamination	Use wipes to clean tables and surfaces that the student may use to prevent a reaction. Have disposable wipes at all times.	Teacher and students
	Consider whether the other students need to wash their hands when handling food that may contain allergens.	Teacher
	Be aware of hidden allergens in foods and objects.	Teacher
	Consider all students having nut free foods.	Teacher
Languages other than English	Translate the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan or obtain a copy from the ASCIA website in the required language and request the GP to complete.	Nurse, Parent, Trip Coordinator
	Learn how to say the word for the allergen in the appropriate language.	Teacher
	Determine the specific dialect of the country, e.g., Mandarin or	Trip Coordinator

	Cantonese.	
	Either purchase or develop and laminate a foreign language travel cards that warns about the allergy, to show to food service staff. The card needs to include text as well as pictures of the allergen. See these websites: www.selectwisely.com and www.dietarycard.com	Trip Coordinator
Emergency services	Obtain the names, address and contact details of the nearest hospital and Doctors at each location that may be visited.	Teacher, parent
	Have family emergency details easily accessible at all times.	Teacher, Parent
	Investigate sourcing additional Autoinjectors in each country.	Trip Coordinator
	Ensure that there is a way of contacting emergency services (e.g. switching the mobile phone to international roaming or purchasing local or international SIM cards and check that they work).	Trip Coordinator
	Have clear, written details of your location so you can easily describe to emergency services.	Trip Coordinator

Adrenaline Autoinjectors for General Use

Serpell Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school. General use Adrenaline Autoinjector will be Adult strength. The Adrenaline Autoinjectors expiry date will be checked monthly by the School Nurse and replaced at the School's expense, either at the time of use or expiry, whichever is first.

The Principal has determined the number of additional Adult Adrenaline Autoinjectors to be a minimum of four. The Principal has taken into consideration the accessibility of Adrenaline Autoinjectors in the school yard as well as out of school activities and the number of children at risk of anaphylaxis. General use Adrenaline Autoinjector will be available as follows;

- An Adrenaline Autoinjector for General Use is clearly labelled and distinguishable from those for students at risk of anaphylaxis.
- One general Adrenaline Autoinjector to be kept in the school reception at all times. It is in a thermal bag in the basket labelled 'Health Centre'.
- An Adrenaline Autoinjector for General Use is kept in a thermal pouch in the first aid kits.
- On off-site activities, a first aid kit is to be taken on each bus where there is an anaphylactic student on board. Where possible, if buses are going to the same location, the anaphylactic student can travel on the same bus which has the first aid kit.
- One Adrenaline Autoinjector for general use is to be available at the location of the off-site activity (usually in the first aid kit) if a student is participating who is at risk of anaphylaxis.
- Staff are informed of the location of the General use Adrenaline Autoinjector at staff briefings.
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are stored in a locked cabinet in the Health Centre.

Emergency Response

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

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by the school nurse and stored at the health centre. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> ▪ Lay the person flat ▪ Do not allow them to stand or walk ▪ If breathing is difficult, allow them to sit

	<ul style="list-style-type: none"> ▪ Be calm and reassuring ▪ Do not leave them alone ▪ Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the Health Centre ▪ If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> ▪ Remove from plastic container ▪ Form a fist around the EpiPen and pull off the blue safety release (cap) ▪ Place orange end against the student's outer mid-thigh (with or without clothing) ▪ Push down hard until a click is heard or felt and hold in place for 3 seconds ▪ Remove EpiPen ▪ Note the time the EpiPen is administered ▪ Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

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

Serpell Primary School has:

- an up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction which is kept in the Health Centre in the red Health Plan folders and in the class room in the form of the Student Medical Report (SMC21101);
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans that are available:
 - in the Health Centre in the red Health Plan folders, displayed on the wall and in the student's thermal bag on the book shelf;
 - in the classroom in the roll folder and displayed on the wall;
 - in the school yard in the yard duty first aid kits;
 - in all school buildings and sites including gymnasiums and halls;
 - on school excursions in the student's thermal bag;
 - on school camps in the student's thermal bag and in the Camp Handbook;
 - at special events conducted, organised or attended by the school in the student's thermal bag.

Specific Guidelines Depending on the Location

In-School Environment:

- Classrooms - Staff may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred by contacting the office or the teacher may give the Anaphylaxis Alert Card that is kept on the class room wall, to 2 responsible children to take to the Health Centre or Office.
- Yard – Yard duty teachers have Yard Duty First Aid Kit which contains photographs of all the anaphylactic children in a small photo album. The photo is given to 2 responsible children who will take it to the Health Centre or Office. Staff may also use their mobile phones to contact the school office.

- A person, nominated by the office staff, will wait for the ambulance at the school entrance and direct them to the closest access point.

Out-of-School Environments

Out of school activities requires a risk assessment for each individual student attending who is at risk of anaphylaxis. All school staff are trained in anaphylaxis thus there will be a trained person at every event:

On Excursions:

- The teacher attending the excursion will collect the individual student's thermal bag containing the Adrenaline Autoinjector, Anaphylaxis Action plan and other related plans and medication.
- The teacher will sign the thermal bag out and then back in when it is returned to the Health Centre.
- A large first aid kit containing an Adrenaline Autoinjector for general use is taken on each bus that has an anaphylactic child on board.
- The thermal bag is carried by the teacher and will always be in close proximity to the anaphylactic student.
- If an anaphylactic reaction occurs, the staff member will follow the Anaphylaxis Action plan for the student.

On Camps:

- As above for excursion and;
- The anaphylactic child will always be within radio range in locations where there is no telephone reception.
- The staff member coordinating the camp will attend to a full camp risk assessment as per the Camp Handbook.

First-time reactions

When a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff will follow the school's first aid procedures. An ambulance will be immediately contacted and an Adrenaline Autoinjector for General use may be administered.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling. The Assistant Principal will arrange for counselling to occur if required.

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, the following review processes will take place.

1. The Adrenaline Autoinjector will be replaced by the Parent as soon as possible.
2. In the meantime, the Principal will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3. If the Adrenaline Autoinjector for General Use has been used this will be replaced as soon as possible.
4. In the meantime, the Principal will ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

Communication Plan

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

Raising staff awareness

- All School Staff are briefed at least twice per year by a staff member who has current anaphylaxis management training which has been updated within the year (e.g., School Nurse).

- All School Staff are briefed on the School's Anaphylaxis Management Policy. A copy is also in the Staff Handbook.
- The Assistant Principal is responsible for briefing all casual relief, new teaching staff, and work experience.
- The Assistant Principal is responsible for checking the 'Work Experience Arrangement Form' to determine whether the work experience student is anaphylactic.
- The Assistant Principal is responsible for briefing all volunteer staff.
- The Assistant Principal is responsible for briefing casual relief and new administration and office staff.

Raising student awareness

- School Staff raise awareness in School through fact sheets and posters displayed in hallways, canteens and classrooms.
- The School Nurse will provide information sessions in classes which have anaphylactic children.
- A student at risk of anaphylaxis is not singled out or seen to be treated differently.
- Class teachers discuss the topic with students in class at the beginning of the year when they are given the letter 'Life –Threatening Allergies' which is passed onto the parents.

The key messages are outlined in the following student messages about anaphylaxis

1. Always take food allergies seriously – severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want it.
6. Be respectful of a school friend's Adrenaline Autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia

Staff training

Staff at Serpell Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Serpell Primary School uses the following training course of Anaphylaxis 22300 VIC (previously 22099VIC).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by the School Nurse who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students with a medical condition that relates to allegory and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

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

Resources:

- Attachment 1 – Ministerial Order No. 706

Further Information and Resources

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Review Cycle and Evaluation

This policy was last updated on the 15th of May 2018 and is scheduled for review in May 2019.

The School Nurse, on behalf of the Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.