



BUNBURY REGIONAL COMMUNITY COLLEGE

Allergy and Anaphylaxis Management Policy



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1. Purpose

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment.

Allergies are common and increasing in Australia, affecting around 1 in 5 people.

The most common allergens in students are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect venom (particularly bee stings), some medications (e.g. Antibiotics), and latex (rubber gloves, swimming caps, balloons).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Partnerships between the College and parents/carers are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

This Policy has been created to:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
- To raise awareness about anaphylaxis and the College's anaphylaxis management policy in the school community.
- To engage with parents/carers of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the College's guidelines and procedures in responding to an anaphylactic reaction.

2. Scope

This policy is applicable to Bunbury Regional Community College and the BRCC College community. BRCC is committed to providing a safe learning environment for all our students.

Students are most at risk when:

- their routine is broken (e.g. sports carnivals, in class activities);
- they are at recess and lunch; they are off the school site (e.g. excursions, camps);
- immediate access to medical services is not available;
- staff changes occur (e.g. relief/casual staff);
- participating in activities involving food (e.g. cooking lessons).

Recorded deaths from anaphylaxis have most often occurred in situations where the emergency medication has not been readily available and/or has not been administered as soon as possible. Therefore, it is important at these times when the student is most at risk, suitable strategies are in place to ensure a timely response to an anaphylactic reaction.



BRCC recognises that it cannot achieve a completely allergen free environment. It is our policy:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling;
- To raise awareness about allergies and anaphylaxis and the College's Allergy and Anaphylaxis management policy in the school community;
- To engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student; and
- To ensure that staff have knowledge about allergies, anaphylaxis and the College's guidelines and procedures in responding to an anaphylactic reaction.

BRCC is an allergy aware school and will:

- Identify students at risk of anaphylaxis
- Raise peer awareness and provide peer education
- Have zero tolerance of bullying of students with allergies and/or at risk of anaphylaxis
- Raise general awareness about severe allergy amongst the school community
- Develop strong communication with Parents/carers of students at risk of anaphylaxis

3. Definitions

Allergy occurs when a person's immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, dust mites, pollen).

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Not everyone with allergies will have anaphylaxis.

An anaphylactic reaction involves the respiratory and/ or cardiovascular system.

Signs and symptoms include breathing difficulties, swelling of the tongue, tightness in the throat, difficulty talking, wheezing or persistent cough and even loss of consciousness or collapse.

Hives, welts, vomiting, diarrhoea by themselves are mild to moderate symptoms of food allergy but can be early warning signs of an anaphylactic reaction.

For **insect allergy**, vomiting and abdominal pain are signs of anaphylaxis.

Child means a person who has not reached the age of 18.

College community is the students, school staff (teachers, administrators, other staff and volunteers), parents and carers, board members, and others with an interest in the school.

Parent/carer includes parents, non-parental carers, foster parents, grandparents, and other carers of students.

Responsible person in relation to a student, means a parent/carer of the student; or if the student has turned 18 or who is a prescribed child, the student; or (c) a person whose details have been provided under section 16(1)(b)(ii)(II) of the *School Education Act 1999*.



4. Policy

Individual Anaphylaxis Health Care Plans

The Principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of college.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable;
- if the student's condition changes;
- immediately after the student has had an anaphylactic reaction.

It is the responsibility of the parent/carer to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo;
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Examples of ASCIA Action Plans are available from the [ASCIA website](#).

Communication

The Principal will be responsible for providing information to all staff, students and parents/carers about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the College if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency. Free online training for school staff is available from ASCIA. The WA specific course should be completed: [ASCIA anaphylaxis e-training WA \(allergy.org.au\)](#)

At other times while the student is under the care or supervision of the College, including excursions, yard duty (where applicable), camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at BRCC. Where this is not possible, an interim plan will be developed in consultation with the student's parents/carers.



The College's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Responsibilities

Parents/carers of the student at risk of anaphylaxis

Parents/carers of a student at risk of anaphylaxis are encouraged to assist schools in providing a safe environment for their child.

Parents/carers should:

- Inform the principal, either at enrolment or diagnosis, of their child's allergies and whether their child has been diagnosed as being at risk of anaphylaxis (e.g. provide an ASCIA Action Plan completed by their child's medical practitioner).
- Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan (see Appendix 2). It should include an ASCIA Action Plan (see Appendix 3) completed by their child's medical practitioner.
- Inform school staff of all other relevant information and concerns relating to the health of their child.
- Provide the adrenaline autoinjector and any other medications to the school.
- Replace the adrenaline autoinjector and any other medications before the expiry date. It may be advisable to check expiry dates at the start of each term.
- Alert staff to the additional risks associated with non-routine events and assist in planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sport days.
- For children with food allergy:
 - supply alternative food options for their child when needed.
 - educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
 - educate their child (for older children) about the responsibility of carrying their own adrenaline autoinjector and the need to have their medication available at all times.
- Inform staff of any changes to their child's emergency contact details.
- Participate in annual reviews of their child's Individual Anaphylaxis Health Care Plan.
- Provide the principal with an immediate update if there is a change to their child's condition.

Principal

The Principal has an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for the student at risk of anaphylaxis.

The Principal will:

- Actively seek information to identify a student with severe life-threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).



- Meet with parents/carers to develop an Individual Anaphylaxis Health Care Plan for the student.
- Request that parents/carers provide an ASCIA Action Plan that has been completed by the student's medical practitioner and has an up-to-date photograph of the student.
- Ensure that parents/carers provide the student's adrenaline autoinjector.
- Ensure that an adequate number of staff are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
- Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of the student who is at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (see Step 6 regarding privacy considerations), subject to parent/carer agreement.
- Ensure that there are procedures in place for informing casual/relief teachers of the student at risk of anaphylaxis and the steps required for prevention and emergency response. This should include visitors (e.g. school psychologist).
- Liaise with the school food service provider (where an external contractor is responsible for the school food service), to ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's procedures/strategies and their implementation.
- In consultation with parents/carers, review the student's Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the student's circumstances change.
- Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.
- Work with staff to conduct regular reviews of risk minimisation strategies. Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community.

Staff

Teachers and other school staff who are responsible for the care of the student at risk of anaphylaxis are encouraged to obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This may include administrators, canteen staff, casual staff and volunteers.

Staff should:

- Know the identity of the student in their care who is at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis. Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.



- Know where the student's adrenaline autoinjector is kept and that it is not out of date. Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.
- Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they are followed.
- Plan ahead for special class activities or occasions such as excursions, in school activities, sport days, camps and parties.
- Work with parents/carers to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Non-food rewards are recommended.
- Work with parents/carers to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Consider the risk of cross-contamination when preparing, handling and displaying food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

First aid coordinators and School Nurses

- School based first aid coordinators can take a lead role in supporting principals and teachers to implement risk minimisation strategies for the school.
- First aid coordinators can support students at risk of anaphylaxis by: Keeping an up-to-date register of students at risk of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Checking each term that the adrenaline autoinjector is not discoloured or out of date.
- Ensuring that the adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled. In hot climates, the adrenaline autoinjector should be stored in a small esky or similar container, but not refrigerated.

School Nurses can provide specialist health expertise to college staff and students by:

- Supporting the implementation of risk minimisation strategies.
- Assisting in health care planning for the individual and development of systems/ processes for managing first aid.
- Supporting training in recognising and responding to an anaphylactic reaction, including administering an adrenaline autoinjector.



Risk minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The College can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom (with the student/parent/carers consent). • Liaise with parents/carers about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended parent/carers provide a box of safe treats for the student at risk of anaphylaxis. Treats for other students should be in line with the BRCC allergen minimisation strategies. • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.
External areas	<ul style="list-style-type: none"> • A student with anaphylactic responses to insects should wear shoes at all times. • Student should keep open drinks (i.e. in cans) covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • The adrenaline autoinjector should be easily accessible. • Staff on duty need to be able to communicate there is an anaphylactic emergency without leaving the student experiencing the reaction unattended. Any staff on duty need to have their mobile phone on them at all times and have the College nurse and Principal's number in the phone's contact list.
On Site events (in class activities, class party, cooking in kitchen)	<ul style="list-style-type: none"> • For special occasions, advisory teachers should consult parent/carers in advance to either develop an alternative food menu for the student, or request the parent/carers send a meal for the student. • Parent/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of BRCC's allergen minimisation strategies. • Party balloons should not be used if a student is allergic to latex. • Staff must know where the adrenaline autoinjector is located and how to access it if required. • Staff should avoid using food in activities and games, including rewards.
Off Site school	<ul style="list-style-type: none"> • The student's adrenaline autoinjector, ASCIA Action Plan, and



Settings (excursions, field trips)	<p>means of contacting emergency assistance must be taken on all field trips and excursions.</p> <ul style="list-style-type: none"> • One or more staff members who have been trained in the recognition and administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present on the fieldtrip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff on the field trip or excursion should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The College advisory teachers should consult parent/carers in advance to either develop an alternative food menu for the student, or request the parent/carers send a meal (if required) for the student. • Parents/carers may wish to accompany their child on field trips and or excursions. This should be discussed with parents/carers as another strategy for supporting the student. • Staff are to consider the potential exposure to allergens when students are consuming food on buses.
Off site school settings (Camps, remote settings)	<ul style="list-style-type: none"> • If planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers. • Accommodation providers should be advised in advance of any student with food allergies. • The College advisory teachers should consult parent/carers in advance to either develop an alternative menu or allow students to bring their own meals. • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that “may contain” traces of peanut or tree nut products may be served but not to any student known to be allergic to peanut or tree nut products. • Uses of other substances containing allergens (e.g. soaps, lotions or sunscreen containing nut oils) should be avoided. • The student’s adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp.

Food allergy management

Given the number of foods to which a student may be allergic to, it is not possible to remove all food allergens. Therefore BRCC is not a ‘nut free’ School. ‘Nut free’ schools are not recommended by the Australasian Society of Clinical Immunology and Allergy (ASCIA) for the following reasons:

- It is impractical to implement and enforce;
- There is no evidence of effectiveness;
- It does not encourage the development of strategies for avoidance in the wider school community; and
- It may encourage complacency about risk minimisation strategies (for teachers, students and parents/carers) if a food is banned.



We consider that being 'allergy aware' is more appropriate and this is supported by the ASCIA guidelines for the prevention of allergies and anaphylaxis in preschools, schools and childcare.

Minimising exposure to high-risk foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the kitchen but does not include removing products that 'may contain traces' of nuts.

Peer support

Peer support and understanding is important for the student/s with food allergies, particularly those at risk of anaphylaxis.

Students should not be isolated from their friends due to their allergy (e.g. they should not be seated separate from their friends at lunch because they have a food allergy).

BRCC Staff can raise awareness through fact sheets or posters displayed in hallways, kitchens and classrooms or in class lessons. Free downloadable curriculum resources are available from: [High School Resources - Allergy & Anaphylaxis Australia \(allergyfacts.org.au\)](http://allergyfacts.org.au)

Advisory teachers can discuss the topic with students in class, with a few simple key messages:

- Always take food allergies seriously – severe allergies are no joke;
- Don't share your food with friends who have food allergies or pressure them to eat food that they are allergic to;
- Not everyone has allergies – discuss common symptoms;
- Wash your hands before and after eating;
- Know what your friends are allergic to;
- If another student has any symptoms of an allergic reaction get help immediately; and
- Be respectful of a schoolmate's medical kit.

It is recommended that a student's ASCIA Action Plan with the student's name, photograph and relevant treatment details is displayed in staff areas in sight of staff but not students.

It is important to be aware that some parents/carers and students themselves may not wish their identity be disclosed to the wider school community, This can be documented in the Individual School Management Plan in discussion with the school nurse.

Managing bullying of students with allergies and/or at risk of anaphylaxis

A student with allergies and/or at risk of anaphylaxis may be at increased risk of bullying in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts.

BRCC seeks to address this issue through raising peer awareness so that the students involved in such behaviour are aware of the seriousness of allergic reactions.

Any attempt to harm a student at risk of anaphylaxis with an allergen is treated as a serious and dangerous incident and treated accordingly under the BRCC Bullying Prevention Policy.



Discipline for Breach of Policy

Where a staff member breaches this policy BRCC may take disciplinary action.

5. Applicable Legislation

School Education Act 1999

School Education Regulations 2000

6. Policy Review Date

This policy is due for review annually.

7. Contact BRCC

Web <http://www.brcc.org.au/contact/>

Email principal@brcc.org.au

Phone 6724 6971

Bunbury Campus: Level 1/16 Victoria Street, Bunbury

Busselton Campus: 50 Albert St, Busselton WA 6280 (

Approval Process	New Policy or Amendment	Minor Amendment or Review
<i>Endorsed by Principal</i>	22/10/2021	
<i>Approved by Director</i>	22/10/021	
<i>Governing Council Reading</i>	27/10/2021	
<i>Next Review</i>	October 2022	



Appendix 1

Anaphylaxis Management Checklist

- Actively seek information to identify a student with severe life-threatening allergies at enrolment.
- If a student has been diagnosed as being at risk of anaphylaxis, meet with the parents/ carers to complete an Individual Anaphylaxis Health Care Plan.
- Parents/carers are to provide copies of the student's ASCIA Action Plan completed by their medical practitioner with an up-to-date photo.
- Display the student's ASCIA Action Plan in appropriate staff areas around the school (e.g. staff room).
- Parents/carers are to provide the student's adrenaline autoinjector and other medication (e.g. asthma reliever medication) within expiry date.
- Adrenaline autoinjectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. It is stored with the student's ASCIA Action Plan and away from direct sources of heat and sunlight.
- Establish a process for checking the adrenaline autoinjector to make sure it has not expired and has no discolouration or sediment.
- Establish processes for checking the adrenaline autoinjector and ensuring ASCIA Action
- Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, sports days).
- Develop a school-based anaphylaxis management policy and implement strategies to minimise exposure to known allergens.
- Arrange staff training which should include the recognition of allergic reactions, emergency treatment, practice with adrenaline autoinjector trainer devices and risk minimisation strategies.
- Hand out anaphylaxis fact sheets to staff to raise awareness about anaphylaxis.
- Mail/distribute letters to parents/carers in the school community and include
- information snippets in newsletters to raise awareness about anaphylaxis and the school's policies/guidelines.
- Regularly review (e.g. at the beginning of each term) anaphylaxis management strategies and practise scenarios for responding to an anaphylaxis emergency.
- Review the student's Individual Anaphylaxis Health Care Plan annually if the student's situation changes or after an anaphylactic incident.

Adapted from the Department of Education and Early Childhood Development, Victoria, Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006)



Appendix 2

FAQS

How do I know if it is anaphylaxis and not asthma?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness.

If you treat asthma as anaphylaxis and give the adrenaline autoinjector according to the student's ASCIA Action Plan, no harm will be done. If in doubt, give the adrenaline autoinjector.

What if I think it is anaphylaxis, administer the adrenaline autoinjector and it turns out to be something else?

The adrenaline autoinjector contains adrenaline, which is a natural hormone produced by the body. If it is given to a student who does not have anaphylaxis, the student will have a raised heart rate and become pale and sweaty. They may feel anxious and shaky. These are common side-effects of adrenaline, but medical advice indicates there will be no lasting ill effects.

You must dial 000 and ask for an ambulance immediately to treat the other medical symptoms. Make sure you advise the ambulance officers that you have administered an adrenaline autoinjector and the time it was given.

What is the difference between a junior and higher dose adrenaline autoinjector?

Children aged approximately 1–5 years (10–20kg) are generally prescribed a Junior adrenaline autoinjector (green), which has a smaller dosage of adrenaline. For children over five years (over 20kg), a higher dose adrenaline autoinjector (yellow) is prescribed.

What should I do if I do not have an adrenaline autoinjector with the age/weight appropriate dose available in an emergency?

In children over one year of age, if an adrenaline autoinjector is available it should be administered regardless of the dose.

Children under one year of age are not usually prescribed an adrenaline autoinjector as reactions are not severe and deaths are extremely rare.

If anaphylaxis is suspected only the Junior adrenaline autoinjector can be given.

Can I give an adrenaline autoinjector if it has expired, is discoloured or contains sediment?

It is recommended that the adrenaline autoinjector should only be given if the device is not out of date and the fluid inside is clear.



In an emergency, when there is no general use autoinjector available, Princess Margaret Hospital for Children advises to give the adrenaline autoinjector regardless of expiry date, discolouration or sedimentation and dial 000 for an ambulance immediately.

Remember the key to effective management is preparation – strategies should be in place to prevent being in a situation where you have a child with anaphylaxis that does not have a current adrenaline autoinjector.

What happens to the student once I give them the adrenaline autoinjector?

You will soon see a reversal of the more serious symptoms of the student's reaction. They will breathe more easily as the swelling and tightness in their throat will recede. However, they may feel very anxious and shaky. This is a side effect of adrenaline. Reassure the student and closely watch them in case of a repeat reaction.

Can I give a second adrenaline autoinjector?

Watch the student closely in case of a repeat reaction. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present and/or persist, a second adrenaline autoinjector (of the same dosage) may be administered after five minutes.

What happens if I accidentally inject myself?

Call for assistance as you will require support, if the student is having a reaction, ask another staff member to take over. If you have an adrenaline autoinjector for general use on site, ask someone to retrieve it and administer to the student. Adrenaline has no long-term ill effects though it is advisable for you to seek medical assistance for yourself.

What are my legal rights if I make a mistake?

In the unlikely situation where a staff member administers an adrenaline autoinjector and is then sued for negligence, BRCC will defend the action except in the most exceptional circumstances.

If a student does not have an adrenaline autoinjector and appears to be having a reaction, can I administer another student's adrenaline autoinjector to them?

No. If the College has an adrenaline autoinjector for general use, this can be administered, and an ambulance called.

What should I do if the parents/carers have not replaced their child's adrenaline autoinjector and it has expired?

Contact the parents/carers immediately and request them to replace the adrenaline autoinjector. If the school has an adrenaline autoinjector for general use, be prepared to use it in the interim and make sure that staff members know where it is stored.

What if the parents/carers have not told us about their child's condition, but the student mentions it in class?

Contact the student's parents/carers as a priority to verify if their child is at risk of anaphylaxis. If necessary, ask the parents/carers to obtain an adrenaline autoinjector and



ASCIA Action Plan for the school as soon as possible. It is advisable to complete an Individual Anaphylaxis Health Care Plan with the parents/carers.

Can we ask parents/carers not to send nut products to the school? What happens if they refuse?

Before you make this request of parents/carers, ask yourself why you are doing this and if there are other risk minimisation strategies that you could put into place instead. It may be more appropriate, for example, to provide better education and awareness to the student's friends and classmates about minimising exposure during 'at risk' times such as lunch time.

You can request parents/carers not to send nut products to school, but it is important to realise that this does not mean that your school is 'nut-free'. While most parents/carers will be happy to comply, there may be a small group who disagree. In those situations it is best to work with them. Educate them about how severe anaphylaxis can be. Help them to develop alternative, nutritious food options for their children.

What can I do to keep a student at risk of anaphylaxis safe in my class?

Be well prepared. Minimise their exposure to known allergens by planning ahead and thinking about alternatives for certain activities when necessary.

Consult with the student and their parents/carers when any food is to be consumed and keep a separate treats box for the student at risk of anaphylaxis.

Be familiar with the student's ASCIA Action Plan and know where the adrenaline autoinjector is and how to administer it. Consult with the parents/carers about potential hidden allergens in foods or other substances (e.g. soaps or lotions).

If we follow all the policies and recommendations, will we prevent anaphylactic reactions in our school?

You will certainly minimise the risk of a reaction and be well equipped to manage one should it occur. However, there is no guarantee that you will prevent one.

Remember that advance planning and good preparation for all school settings is the key to minimising the risk and effectively managing anaphylaxis.

Adapted from the Department of Education and Early Childhood Development, Victoria, Anaphylaxis Guidelines: A resource

