



# ANAPHYLAXIS POLICY

*(Adapted from the National Allergy Council Sample anaphylaxis policy for schools at:  
<https://allergyaware.org.au/schools/sample-anaphylaxis-policy-for-schools>)*

## BACKGROUND

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- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).
- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.
- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

## PURPOSE OF POLICY

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- To increase safety and provide a supportive environment where students at risk of anaphylaxis can join in school activities.
- To raise awareness about allergy, including anaphylaxis and the school's approach to anaphylaxis management in the school community.
- To work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe.
- To ensure staff know about and understand that allergies can be potentially life-threatening and the school's guidelines and procedures in recognising and treating anaphylaxis when it happens.

## SCOPE

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- 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/carers.
  - Parents and caregivers - clarifying roles and responsibilities of parents when communicating with the school regarding anaphylaxis risk involving their child.

### **Administration Responsibilities-Principal/Deputy Principal/Office Staff**

- Inform all staff of anaphylaxis students, location of Epipens with ACSIA plans attached

#### **First newsletter of the year:**

- *Include an anaphylaxis reminder e.g. See draft letter on anaphylaxis to primary school community- see appendix*
- *Attach Allergy Aware “How can families support allergy aware schools?” handout [https://allergyaware.org.au/images/2023areas/sch/How can families support allergy aware schools.pdf](https://allergyaware.org.au/images/2023areas/sch/How%20can%20families%20support%20allergy%20aware%20schools.pdf)*

Term 4 each year- contact all relevant parents with **Draft - Parent/Caregiver Anaphylaxis Information Letter** by email/post Term 4- see appendix

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.
- [ASCIA anaphylaxis e-training for schools](#) will be undertaken at least every two years. This training to be scheduled for the Term 3 PL day every year.
- All staff will also undertake [ASCIA anaphylaxis refresher e-training](#) yearly. The school will have adrenaline injector trainer devices available to allow staff to have hands-on practice with the devices during training and refresher training. This training to be scheduled for the Term 3 PL day every year.
- The Canteen Manager and food technology staff will undertake the National Allergy Council [All about Allergens for Schools](#) food allergen management training for food service at least every two years. Reminder to canteen staff and P&C
- Organise anaphylaxis emergency response drills once a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about the student at risk of anaphylaxis and the school’s procedures and prevention strategies. (Wendy Parker/Asiri Perera)

## **Staff Responsibilities - Teachers/Education Assistants**

### **Before the first day of the school year**

- *Know the identity of the student(s) who are at risk of anaphylaxis.*
- *Familiarise themselves with the school's anaphylaxis management plan and emergency procedures and policies.*
- *Know where the adrenaline injectors and ASCIA Action Plans are located.*
- *Check a copy of the ASCIA Action Plan is in the classroom (medical file).*
- *Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they're followed.*

### **Week 1**

- *To raise awareness and support students with food allergies or other severe allergies, show/discuss the Allergy Aware slide sets for primary school students to the class (<https://nationalallergycouncil.org.au/resources-links/250k-youth-project/slide-sets>)*
- *Meet/contact parents of anaphylactic student to confirm knowledge of risk factors and ASCIA Action Plan*
- *Refer to APS Anaphylaxis and Allergy Staff Resource red folder in the office*
- *In the event of an allergic reaction, follow instructions on the student's ASCIA Action Plan.*
- *Highlight all medical needs students in handover notes to relief teacher*
- *Ensure that all medical updates relating to anaphylaxis are added to the Red Student Medical Folder in a timely manner.*
- *Use food rewards/experiences sparingly and with consideration of allergies-see appendix*

### **All Teachers and Education Assistants - Reinforce key messages each year**

- *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 and know what your friends are allergic to;*
- *if a schoolmate becomes sick, get help immediately;*
- *be respectful of a schoolmate's medical kit.*
- *It is important to be aware that the student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.*

**Be aware students are most at risk when:**

- *Routine is broken e.g. sports carnivals, incursions*
- *At recess and lunch*
- *Off the school site e.g. excursions, camps*
- *Staff changes occur e.g. relief/casual teachers*
- *Participating in activities involving food/packaging e.g science, activities with egg/milk cartons*

**Parent/Guardian Responsibilities**

- *Contact the class teacher (at minimum by email) to discuss anaphylactic needs, including updates*
- *Ensure your child's school EpiPen and ACSIA action plan are up to date*
- *Submit Individualised Anaphylaxis Care Plan Template For Schools*

**Appendix**

**Link to Department of Education WA Procedures and Policy**

(<http://www.education.wa.edu.au/web/policies/-/student-health-care-in-public-schools-procedures>)

**DEFINITIONS**

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- *Adrenaline* - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
- *Adrenaline injector* - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen® and Anapen®) are automatic injectors.
- *Adrenaline injector for general use* – An adrenaline injector for first aid kits that has not been prescribed for a specific person.
- *Adrenaline injector trainer devices* – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.
- *Allergens* - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
- *Allergy* - When the immune system reacts to substances in the environment that are harmless for most people.

- *Anaphylaxis* - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- *ASCIA Action Plan* - A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner. There are different types of plans:
  - ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.
  - ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.
  - ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.
  - ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.
- *Individualised Anaphylaxis Care Plan* - A plan that documents the student's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction including anaphylaxis. It also includes a copy of the student's ASCIA Action Plan.
- *Students at risk of anaphylaxis* - Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

## THE LAW AND WHO IS RESPONSIBLE

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- Fear of someone taking legal action should not stop someone using an adrenaline injector. All school staff need to understand that any staff member who provides emergency treatment to students having anaphylaxis, according to information on the ASCIA Action Plan, are doing what they can to save the life of a student.
- The school will make sure personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state. The school needs to get written permission from the parents before the student's ASCIA Action Plan is displayed in public areas at the school.
- Staff, including relief staff, must refer to class Medical and Relief Folders to:
  - *identify anaphylactic students under their care*
  - *understand processes for these children.*

## PLANNED EMERGENCY PROCEDURES

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- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
  - Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
  - The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
  - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

## RISK MINIMISATION STRATEGIES

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- Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual students will depend on what the student is allergic to and the developmental stage of the student.
- Wherever possible, the school will reduce exposure to known allergens.
- APS will decide which risk minimisation strategies, in consultation with parents/guardians, are appropriate for each student and include these into individualised anaphylaxis care plans. The Allergy Aware [Examples of anaphylaxis risk minimisation strategies for schools](#) document can be used as a guide. The chosen risk minimisation strategies will be communicated to staff, parents/guardians and the broader school community.
- The following general risk minimisation strategies will be implemented:
  - A general use Epipen Junior (up to 20kg body weight) and Epipen (>20kg) will be stored in the First Aid Room, with a laminated copy of the ASCIA Action Plan for Anaphylaxis
  - The student's allergy emergency medication (clearly labelled with the student's name) and a laminated copy of the ASCIA Action Plan are located:

- Kindy/Pre-Primary/Year One: MAC Wet Area Medical Zone
- Years 2-6: In the First Aid/Medical Room
- A copy of each student's ASCIA Action Plan for Anaphylaxis or Allergic Reactions is located:
  - At the front of their Class Medical Files
  - Admin Medical Room
- All relief teachers are orientated to the APS Emergency Anaphylaxis response and collect the Relief File from the office where they are shown the student/s ASCIA Action Plan/photo, prior to the student/s being received into their care.
- Educate students and the school community about food allergy so they understand why they should only eat their own food and why they should not share or offer food to students with food allergies.
- All students are encouraged to wash hands:
  - before eating (especially children with food allergy)
  - after eating, especially if they have eaten something that another student in their class is allergic to.

*Note. Hand sanitiser should not be used as a substitute to washing hands with soap and water as it does not remove allergens.*

- Supervise student eating in early primary years for students with food allergy.
- All staff preparing and serving food to students undertake All about Allergens for Schools online training so they understand how to select suitable foods for students and staff with food allergy and avoid cross contamination during storing, handling, preparing and serving food.
- Non-food rewards (such as pencils, stickers, privileges) are encouraged.
- Discuss cooking, science experiments using foods, incursions and any other onsite activities involving food with parents/guardians of students with food allergy in advance.
- Complete the relevant checklist for additional risk minimisation strategies and implement prior to the student attending camps, incursions, excursions or special events e.g. class parties, cultural days, concerts, events at other schools

### **Food Rewards**

- Staff are encouraged to avoid regular food rewards/food incentives, although it is understood that there are occasions where this is suitable (e.g. class parties, end of term rewards etc.).
- Staff to consider alternatives for students with allergies

### **Birthday Treats-Information for Parents**

We love celebrating birthdays at Attadale Primary School and realise how special these moments are for most young children. We have however received communication from some staff and parents who believe that, at times, Attadale PS students are provided with far too many unhealthy treats, without

parent permission or supervision. With only good intentions, parents often provide a class set of cupcakes, icy poles, chocolates etc on their child's birthday, which can mean almost weekly (or more) child consumption of high sugar treats.

We would like to request the following guidelines be followed from now on, so that we can still celebrate your child without promoting excessive, unhealthy eating amongst children.

### **Junior Primary: Kindergarten to Year 1**

Parents are requested **NOT** to bring in treats for birthday celebrations. As an alternative, teachers will have an in-class acknowledgement/celebration.

We are making this change due to

- Early Childhood being different to the older years as the children are less independent, messy eaters, require more help and supervision.
- There are children with contact allergies (nut, dairy, egg allergies, sugar intolerance, etc), diabetes and other health conditions. They are not at the age where they can manage their own needs. Even if a child with allergies is provided with their own version of a birthday treat that they can consume, the teacher/EA with the child with the contact allergy in their class needs to ensure chocolate/icing/butter etc is washed off all the other student's hands and furniture.

### **Middle and Senior Primary: Year 2 to Year 6**

If parents wish to bring in a small treat for their child's birthday they are permitted to do so, however these will be handed out at the very end of the day. Many parents may choose not to send in birthday class treats and this is completely acceptable.

- Please send in something small and pre-packaged, such as a 'Freddo Frogs'.
- Please do not in send any nut products.
- Please advise your class teacher of any allergies or whether you would like treats to not be given to your child.

We hope that our school community supports and can appreciate the reasoning behind our request. Your feedback is very welcome.

Thank you

Attadale Primary School Staff

### **PEER EDUCATION**

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- Staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.
- Considering each student's development, staff will talk about strategies to help keep students with food allergy safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to.
- Staff will include information and discussions about food allergies in the programs they develop, to help students understand about food allergy and to encourage caring, acceptance and inclusion of students with food allergies. [Curriculum resources](#) are available.

## **Draft APS letter about allergies and anaphylaxis for the primary school community**

(Adapted from the Allergy Aware “*Sample letter about allergies and anaphylaxis for the primary school community*” to help schools to communicate with their school community [<https://allergyaware.org.au/schools/sample-letter-about-allergies-and-anaphylaxis-for-the-primary-school-community>])

### **Allergy Aware-Anaphylaxis**

Our school has a number of students who may experience an anaphylactic reaction to materials that they are allergic to. While we have systems and procedures in place to minimise school-based risk, we ask parents to remind their children of a few 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 a schoolmate becomes sick, get help immediately*
- *be respectful of a schoolmate's medical kit*

It is important to be aware that the student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Parents/caregivers of students who are at risk of anaphylactic reaction are expected to:

- *Provide a copy of the current ASCIA Action Plan for Anaphylaxis or Allergic Reactions from the student's medical practitioner with an up-to-date photo of the student 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 or Allergic Reactions*
- *Provide the school with:*
  - *A current adrenaline autoinjector for the student and provide a replacement when it expires (anaphylaxis)*
  - *And/or medication for allergy/allergies and provide a replacement when it expires*
- *Participate in annual reviews of the student's Individualised anaphylaxis care plan*

### **Draft - Parent/Caregiver Anaphylaxis Information Letter** (email/post Term 4)

Dear Parent/Caregiver,

Thank you for advising Attadale Primary School (APS) of **[student's name]** allergy/allergies. APS follows the Department of Education WA “Student Health in Public Schools Procedures” for anaphylaxis and the APS Anaphylaxis Policy. APS is an allergy aware school (TBC) and all staff undertake allergy training.

Parents/caregivers are expected to:

- Provide a copy of the current ASCIA Action Plan for Anaphylaxis or Allergic Reactions from the student's medical practitioner with an up-to-date photo of the student 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 or Allergic Reactions
- Provide the school with:
  - A current adrenaline autoinjector for the student and provide a replacement when it expires (anaphylaxis)
  - And/or medication for allergy/allergies and provide a replacement when it expires
- Complete an Individual Anaphylaxis Care Plan each year

In preparation for the new school year, thank you for:

- *Providing written permission for your child's ASCIA Action Plan to be displayed in public areas at the school e.g. Staff room*
- *Completing Section A, B, C, D and E of the attached "Individualised anaphylaxis care plan template for Schools"*
  - For Section C you may like to review the following documents (attached) when considering what strategies could reduce risk of allergen exposure for your child:
    - "Examples of how to reduce the risk of allergic reactions in schools"
    - Activities in the APS teaching program potentially involving allergens
  - Please advise if you would like to meet to discuss the plan, otherwise once this information is reviewed by APS your child's updated "Individualised anaphylaxis care plan template for Schools" will be forwarded via email for your review and completion of Section F.

Prior to the first day of the new school year, thank you for:

- Clearly labelling all lunch boxes and water bottles with your child's name
- Reminding your child to:
  - Wash their hands with water and soap before and after eating
  - To only eat their own food
  - Discuss any allergy concerns immediately with their teacher
  - Alerting a teacher immediately if they could have been exposed to their allergen
- Advising your child where their emergency medication (e.g. Epi pen) and ASCIA Action Plan is located:
  - Kindy/Pre-Primary/Year One: In their classroom/wet area
  - Years 2-6: In the First Aid/Medical Room (next to the office)
- Advising your child that their class will be taught about allergies, that all APS staff undergo anaphylaxis training and that APS will practice the emergency response plan annually

- Discussing allergens and menu options with the canteen if considering ordering from Attalicious Canteen.

You will be advised of your child's teacher/class in the final days of Term 4. If you need to meet with the teacher to discuss your child's specific allergy management, please email <mailto:attadale.ps@education.wa.edu.au> prior to the last day of Term 4, so that a meeting can be arranged on the pupil free days prior to the first day of Term 1.

Thank you for replying by Week 5 of Term 4.

Kind Regards,

The Principal

Attadale Primary School

#### **Policy review**

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This policy was created on: 30 May 2025

This policy will be reviewed on: 30 May 2027

Attadale PS Principal.