



St Francis of Assisi
PARISH PRIMARY SCHOOL

ST FRANCIS OF ASSISI PRIMARY SCHOOL ANAPHYLAXIS COMMUNICATION DOCUMENT

Rationale: Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. This policy outlines the responsibilities of St Francis of Assisi Primary School in relation to communicating our responses to, and management of anaphylaxis.

Purpose: The Anaphylaxis Communication Plan will ensure all members of the St Francis of Assisi Primary School community are aware of the procedures for the prevention and management of anaphylaxis at school, or outside school, on school related activities.

Publication: This Anaphylaxis Communication Plan will be published on the school's website. Casual Relief Teachers (CRT) will be made aware of the plan and actions to take in case of an anaphylactic reaction.

This plan should be read in conjunction with the School's Anaphylaxis Policy.

Location of auto injectors and ASCIA plan with student photo

The autoinjector and a copy of the child's ASCIA plan are stored in an insulated bag on the wall opposite the toilets in the first aid room in Salter House. They are labelled with the child's name, year level and photo and are kept in alphabetical order.

There are **five spare auto injectors**:

- Spare 1 is kept in the Administration copy room on the right-hand wall before you enter the filing area.
- Spare 2 is kept in the large emergency bag in the first aid room in Salter House (emergency bag is signed on the wall as you enter from the front of the building).
- Spare 3 and 4 are kept in an insulated bag in the first aid room in Salter house on the wall opposite the toilets.
- Spare 5 is kept in the copy room in the library on the right-hand side wall as you enter. All spare autoinjectors are clearly labelled and have a laminated ASCIA plan, for general use, attached to the insulated carry pocket containing the device.

Each month the auto injector expiry date for every child is checked by a member of the first aid team. At least one month prior to the autoinjector expiring contact is made with the student's parents/guardian requesting an updated autoinjector be supplied to the school.

The school nurse is responsible for following up all requested autoinjectors and documenting and updating paperwork.

Note: Original copies of student ASCIA plans and Individual Anaphylaxis Management Plans (IAMP) are kept in a folder in the first aid room and filed in central file when updated documents are received.

Raising Staff Awareness

All teaching, first aid and other designated staff at St Francis of Assisi Primary must undertake Management of Anaphylaxis training every three years. Staff attend the training by an approved provider, and a register is kept of the training dates and attendance by the school nurse/first aid assistants.

Staff briefings will be held twice yearly and include information on:

- The school's anaphylaxis management policy
- Causes, symptoms and treatment of anaphylaxis
- Identity of students diagnosed at risk of anaphylaxis and where medication is stored
- How to use an adrenaline autoinjector – Epipen/Anapen
- The school's emergency response procedures.
- Management of lists and photos of students with allergy /anaphylaxis and other medical conditions at the school

Children at Risk register

A list of all children with anaphylaxis is kept as part of the 'Children at Risk' document and sent out to staff via email on the first day of Term 1. Accompanying the anaphylaxis list is a photo list of all the children with anaphylaxis. The school nurse is responsible for updating these documents annually and whenever there are new additions or changes to student information. Staff are sent notifications and updates to these documents via email throughout the year whenever there are new additions or changes. Prep enrolments for the following year are checked by the school nurse first at the end of term 4 and all information regarding allergies and anaphylaxis for each student is added to the register. The school nurse is responsible for ensuring this process is attended.

The principal / daily organizer will ensure casual relief teachers (CRTs), are directed to read the anaphylaxis policy and communication document prior to commencement of classroom duties. CRTs must also have completed an approved anaphylaxis management course.

Teachers can access all student allergy and anaphylaxis alerts on compass (electronically). All CRTs are provided with a laptop, where they can access all student medical information.

Raising Student Awareness

Classroom education from teaching staff and the school nurse will reinforce the importance of:

- Not sharing food and discouraging peanut and tree nut products in all forms being brought into the school.
- Handwashing
- Raising peer group awareness of serious allergic reactions
- Ensuring trip and excursion groups, sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis

Peer support is an important element of support for students at risk of anaphylaxis. Some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Class teachers discuss the topic with students in class and at parent/teacher interviews identifying simple key messages:

- Always take food allergies seriously
- Do not share your food
- Wash your hands after eating
- Know what your friend is allergic to
- If a friend becomes sick, get help immediately

Working with Parents

Parents / carers every 12 – 18 months are required to:

- Provide the school with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photo of their child.
- Supply the School with their child's adrenaline auto injector and ensure it has not expired.
- Work with the school to develop an individual management plan and review it annually.
- Give permission for their child's photo / plan to be displayed in areas around the school.
- Parents are encouraged to supply a second adrenaline auto-injector for the student to always carry whilst on school camps and on other occasions deemed necessary by the school.

When going on excursion or leaving the school with students, teachers must:

1. Take their mobile phone
2. Collect and sign out autoinjectors (with ASCIA plan) and antihistamine medication
3. Check with first aid and review Individual Anaphylaxis Management Plans

4. Collect first aid bags (please make sure you return these to first aid, where staff will check, restock and return them to the cupboard)

Always sign autoinjectors in and out – this MUST be attended to by staff not students.

The autoinjector logbook is in a caddy opposite the wall of adrenaline auto-injectors (EpiPens) in the first aid room in Salter House.

Emergency response responding to an Anaphylactic reaction in the schoolyard

- Lay the child down.
- Do not allow student to stand or walk.
- If breathing is difficult, allow the student to sit upright.
- For an insect allergy, flick out the sting, if it is visible.
- The teacher on duty must stay with the student and use his/her mobile phone to call the emergency school phone for immediate assistance from first aid.
- Advice of name of student, location and request first aid assistance. Request the students autoinjector and emergency first aid kit. Call 000 stay online and follow directions.
- Send available adult or student to First Aid to direct first aid staff to scene.
- First aid or office staff will locate the student's assigned adrenaline auto-injector and a spare adrenaline auto-injector and will take it to the student.
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes or as directed by 000.
- Follow post incident action guidelines.

Responding to an Anaphylactic reaction in the classroom

- Lay the child down.
- Do not allow the student to stand or walk.
- If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The child's teacher must remain with the student and use his/her mobile phone to call the emergency school phone for immediate assistance from first aid.
- Advice of name of student, location and request first aid assistance. Request the students autoinjector and emergency first aid kit. Call 000 stay online and follow directions.
- First aid or office staff will locate the student's assigned adrenaline auto-injector and a spare adrenaline auto-injector and the emergency first aid kit and will take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.

- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes or as directed by 000.
- Follow post incident action guidelines.

Responding to an Anaphylactic reaction on school trips or offsite activities

Staff in charge of students at risk of anaphylaxis should carry a fully charged mobile phone.

- Lay the child down.
- Do not allow the student to stand or walk. If breathing is difficult, allow to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The student's teacher must remain with the child and call 000 on his/her mobile phone. Stay online and follow directions.
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes or as directed by 000.
- Follow post incident action guidelines.

Responding to an Anaphylactic reaction on Grade 5 & 6 Camps

Students at risk of anaphylaxis must always carry their adrenaline autoinjectors (x2) in a bumbag around their waist whilst on camp. Students are required to bring an autoinjector from home and their school autoinjector - which should be signed out on the morning of camp. The school nurse will have met or telephoned all families of student with anaphylaxis prior to camp to complete a risk assessment and discuss camp procedures and requirements regarding anaphylaxis risk minimisation. Additional school 'SPARE' autoinjectors (number to be determined each year based on risk) will also be carried by the school nurse or designated first aid staff member.

Staff in charge of students at risk of anaphylaxis should carry a fully charged mobile phone.

- Lay the child down. Do not allow the student to stand or walk. If breathing is difficult, allow to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The student's teacher must remain with the child and call 000 on his/her mobile phone.
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- The student's second autoinjector may be given if there is no response after five minutes or as directed by 000.
- Follow post incident action guidelines.

Post-incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident / accident report form including full details of the event and what occurred.
- Collection of the student's personal effects (if he/she is transported by ambulance and does not have them) for return to school.
- Debrief with students directly involved as witnesses to the event.
- Debrief of staff involved.
- Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes.
- Principal or nominee to discuss with parents (later) what occurred and ask them to communicate any medical advice on how it may be better managed (if possible) in the future.
- Principal / deputy principal and school nurse to review the student's individual anaphylaxis management plan.
- Implement updated risk prevention strategies (where applicable).

Teachers

- Students need to self-manage to an age-appropriate level – encourage and support children in this.
- Discussion should take place re: not sharing of food and reasons for same.
- Students must eat lunch /snacks under supervision in the classroom; no food should be taken on to the yard.
- Hot food days are planned in advance with written consent required from parents / guardians.
- All food information received from parents /guardians in relation to hot food days must be checked against the children at risk list. Any discrepancies found in the information must be clarified prior to food being given.
- Refer all food related matters regarding children with allergy and anaphylaxis to First aid prior to food being given.
- Students with anaphylaxis should always be encouraged to check labels, ask questions regarding any food that has not been prepared by family.
- Children need to have clearly labelled lunch boxes stored in school bags to avoid mix up of lunches. Junior grade teachers can help by checking that the child has the correct lunch in front of him/her.
- Anaphylaxis action (ASCIA) plans for children with a food allergy are posted in the administration first aid room and in the classrooms of 'at risk' students.
- Teachers should not use food as a reward in the classroom/school or when on school activities outside the school under any circumstances.
- Autoinjectors and anaphylaxis plans are required to be taken to school excursions and sporting events.
- School staff are requested to avoid bringing peanut butter or nuts to school in keeping with the school policy as part of one of many risk minimisation strategies.
- No food items should ever be put into school first aid bags.
- Teachers are to attend spillages promptly. Children with allergies / anaphylaxis should not be asked to clean any spillages other than their own.

Students

- All students are reminded not to share or swap food.
- Students are encouraged to wash hands before and after eating.
- If any potentially harmful food is identified, children’s teachers are to ensure allergen and allergic/anaphylactic child is kept separate and risk minimisation strategies implemented. Refer incident to school nurse.
- Any inappropriate behaviour relating to an “at risk” student’s food allergy will be taken seriously and dealt with immediately by the teacher on duty and reported to the school nurse and a member of the leadership team.
- The school staff must make parents aware of atypical school occasions where the risk of exposure to allergens are increased. These include but are not limited to; sports carnivals, school dances and other events not held at the school premises where food supervision is more difficult.

DOCUMENT REVIEW

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| Policy updated | February 2026 |
| Due for review | February 2029 |
| Approved by | Principal Mark Basile |

Organisations providing information and resources

- Royal Children's Hospital Anaphylaxis Advisory Line provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30am to 5pm, Monday to Friday. Phone [1300 725 911](tel:1300725911) (toll free) or [03 9345 4235](tel:0393454235). Further information is available at [Anaphylaxis Support Advisory Line](#).
- Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at [ASCIA](#).