



Donald Primary School

ANAPHYLAXIS MANAGEMENT POLICY

BACKGROUND

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), cows' milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers.

Adrenaline given through an EpiPen to the muscle of the outer mid-thigh is most effective first aid treatment for anaphylaxis.

Donald Primary School is fully committed to complying with the Ministerial Order 706 and the associated Anaphylaxis Management Guidelines published and amended by the Department.

As such

Donald Primary School has the following actions in place:

1. An Individual Anaphylaxis Management Plan for the student, developed in consultation with the student's parents/carers and medical practitioner
2. Prevention strategies for in-school and out of school settings
3. School Management and emergency response to anaphylactic reactions
4. A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies
5. Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic emergency, including competently administering an EpiPen/Anapen.

PURPOSE

- 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 anaphylaxis and the school's anaphylaxis management policy to the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student.
- To ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for the student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimize the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- Location of student's medication
- The student's emergency contact details.
- An emergency procedures plan (ASCIA), provided by the parent, that :
 - Sets out the emergency procedures to be taken in the event of an allergic reaction;
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up to date photograph of the student.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers;

- Annually, and as applicable,
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school.
- It is the responsibility of the parent to:
 - Provide the emergency procedures plan (ASCIA Action Plan)
 - Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
 - Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

COMMUNICATION PLAN

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff will be informed of students at risk of an anaphylactic reaction by the relevant classroom teacher or welfare officer.

Staff will be briefed each semester:

- The schools anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
- How to use an autoadrenaline injecting device
- The school's first aid and emergency response procedures
- Location of school epipen

BANNING OF FOOD

Banning of food or other products is not recommended by the Department due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban. It is better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens. However, it is recommended that food related activities are amended where practicable to minimise any risk of exposure to the allergen and to allow students at risk of anaphylaxis to participate equally in all activities. A ban on peanut and nut products within a school is not recommended but may be agreed to by the school and its community. However to minimize the risk of a first-time reaction to nuts, Donald Primary School will not use peanuts, nuts, peanut butter or other peanut or nut products in curricular or extra-curricular activities.

STAFF TRAINING AND EMERGENCY RESPONSE

All staff every two years will be trained in an anaphylaxis management training course.

Staff will be shown the correct procedures for managing an anaphylaxis reaction at the start of the year and at the start of second semester.

The Emergency Response Plan (see Appendix 2)

IMPLEMENTATION

Students at Risk:

1. At enrolment families of students with an allergy to foodstuffs, will be asked for information detailing their condition, actual identified triggers, appropriate responses and a medical plan which identifies the name and contact details of the doctor responsible for the action plan.
2. Children at risk will be asked to only eat snack food and lunches prepared at home and not trade or share food, food utensils or containers.
3. Children at risk will be asked to wash their hands before eating.
4. Older children at risk will carry their own auto injector in their school bag whilst at rotational activities such as the interschool field events. The teacher in charge will ensure all other teachers, aides and parent helpers at the event are also aware of the students at risk and understand to call on the teacher in charge and/or First Aid Officer for immediate assistance in an emergency and to call 000.

Parents of Students at Risk:

It is the responsibility of the parent to:

1. provide the emergency procedures plan (ASCIA Action Plan).
2. inform the school if their child's medical condition changes, and if relevant provide an
3. updated emergency procedures plan (ASCIA Action Plan).
4. provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
5. provide the school with an EpiPen/Anapen (and a spare if deemed necessary).
6. replace the EpiPen/Anapen before it expires.

Staff:

Organisation

1. Auto-injecting devices will be stored properly (below 25 degrees, out of direct sunlight, in an easily accessible location) in the Staff Room First Aid Cupboard and clearly labelled with the students' names and anaphylaxis management plans.
2. A copy of the student's ASCIA Action Plan will be kept with the EpiPen/Anapen.
3. A copy of the student's ASCIA Action Plan will be displayed in the Staff Room and in the student's classroom.
4. The First Aid coordinator will check EpiPens for cloudiness and/or expiry dates and inform parents, in writing, if they need to be replaced.

Training

1. All staff will undertake an Anaphylaxis eTraining Course every two years and two staff members will undertake the Anaphylaxis Training Course every three years.
2. Staff briefings will be conducted each semester to review policy and procedures.
3. All staff will be familiar with the ASCIA Action Plans and Individual Management Plans of the anaphylactic students

Teachers in charge

1. Teachers in charge of excursions, out of school activities and camps must ensure that they take the assigned and spare auto-injecting devices and are responsible for the administration of all medications.
2. Teachers in charge of organising school incursions must ensure visitors to the school are notified by phone prior to the event of the presence of students at Donald Primary with severe food allergies (admin staff will provide incursion personnel with a Visitors' Letter which clearly prohibits food being handed out by visitors to the school.)
3. Teachers in charge of organising excursions, sporting events and camps must inform the venue staff of the presence of students with severe food allergies. Camp managers must be informed about food and other allergens and menus must be discussed prior to the camp.
4. Teachers in charge will inform parents of anaphylactic (or coeliac) children either by written notification and/or email, phone contact about planned activities involving food, with the exception of Free Fruit Friday to allow them to consider the food and/or provide an alternative. For random activities/events, parents of anaphylactic (coeliac or other food related medical conditions) children must be contacted prior to food being offered to their children. No parent contact, no food is to be given out.
5. Costumes/ dress ups and props for a child with anaphylaxis will be properly cleaned by the staff member in charge or parent of before being worn or touched.

Classroom and specialist teachers

1. Classroom teachers and specialist teachers will educate all students about anaphylaxis
2. Classroom teachers and specialist teachers will be alert to the type of food containers used for art/craft activities, in particular milk, egg and nut containers. These items/containers will be not be used with children at risk of anaphylaxis.
3. Classroom and specialist teachers will use anti-bacterial wipes to clean surfaces, equipment or spills to avoid an anaphylactic student's contact with allergens.
4. Allergic/anaphylactic students will be assisted to wash their hands at the conclusion of lessons involving shared items/equipment and before eating.
5. Allergic/Anaphylactic students will not participate in cleaning up of food rubbish, unless it is their own and will not participate in yard duty that includes cleaning up of food rubbish, unless it is their own. Other forms of 'community service' will be assigned if required.
6. Classroom teachers and specialist teachers will be guided by Parent Food Permission Notices regarding decisions about handing out food such as birthday cake to students. In regards to students with allergies, no parent contact – no food.

First Aid Co-ordinator

1. First Aid co-ordinator will ensure a copy of an anaphylactic student's ASCIA Action Plans and Individual Management Plans is available for CRTs and the Emergency response plan is made known.
2. A parent letter will be sent home at the commencement of each year seeking information about food allergies and obtaining permission for their child/ children to consume food items as part of school programs or special occasions such as birthdays.
3. A parent information letter will be sent home to families whose children are in the same class as the anaphylactic child.
4. The First Aid co-ordinator will purchase two or more general use EpiPens depending on the number of anaphylactic students enrolled
5. Will complete an annual **Risk Management Checklist (Appendix 1)** to monitor compliance with their obligations.

Casual Relief Teachers

1. Casual Relief teachers will be asked if they have been trained
2. Individual Anaphylaxis Management Plans will be reviewed at the commencement of the day
3. Emergency procedures will be discussed, including the location of the medication and action plan.

All Students

1. Students will be encouraged not to share or swap food.
2. Students will be encouraged not to use anyone else's lunch box or drink from anyone else's drink bottle. Lunchboxes and drink containers should be clearly labelled with each child's name.
3. Be involved in age appropriate education in regards to allergies/anaphylaxis as deemed necessary by the teacher
4. Children attending school camps or excursions will be advised not to bring allergen foods/treats

Stephanie Alexander Kitchen Garden

1. The SAKG Kitchen coordinator will be informed of students with food allergies by administration staff.
2. The SAKG Kitchen coordinator will be provided with copies of Action Plans and Individual Management Plans.
3. The SAKG Kitchen coordinator will be informed of all students' allergies and intolerances prior to cooking classes.
4. The SAKG Kitchen coordinator will contact the parents of at risk students (with anaphylaxis or other dietary restrictions) before any food is handed out to enable the parent to check for hidden allergens in the ingredients and to discuss menu modifications to minimise the risk of exposure to the allergen and to allow at risk students to participate similarly in all activities.
5. Exclusive equipment will be provided for an anaphylactic student by the school and/or the parent.
6. Where practicable, additional supervision will be provided by an aide or parent helper.

Parents and broader school community

1. The school community will be kept informed and made aware of the risks associated with anaphylaxis through newsletter items or special notices.
2. A Donald Visitor Letter will be given out to inform visitors and incursion staff of the presence of students at Donald with severe food allergies. The letter will request that food is not to be handed out by visitors to the school.

EVALUATION

The Principal and First Aid Co-ordinator will complete an annual Risk Management Checklist (appendix 1) to monitor compliance with their obligations.

This policy will be reviewed in 2022

This policy was ratified by School Council on Wednesday 15th September 2021

Appendix 1 : Annual Anaphylaxis Risk Management checklist (reviewed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
12. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

18. Where are the student(s) adrenaline autoinjectors stored?	
19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Prevention strategies

34. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School management and emergency response

37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Who will make these arrangements during excursions?	
45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	

47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan

49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
51. How is this information kept up to date?	
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. What are they?	

Appendix 2 : Emergency Response to Anaphylaxis

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's First Aid Co-ordinator and are kept on First Aid Cupboard. For camps, excursions and special events, a designated staff member (Level 2 trained First Aid officer) 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 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 staffroom in the First Aid cupboard. The person is also to notify Office staff of the situation. 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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <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) (Office staff)
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. (Office staff)

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 and use the school's general use autoinjector.

[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](#)].