

ANAPHYLAXIS POLICY

~~Please ensure that you insert information relevant to your school where prompted in yellow, and amend references to "Example School" so that they are replaced with your school name. The majority of the text in this policy applies to all Victorian Government schools, and does not need to be tailored to your school community.~~

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PURPOSE

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

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SCOPE

This policy applies to:

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

POLICY

School Statement

~~Example School~~Huntly P.S will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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Anaphylaxis

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

Symptoms

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

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

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

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

- student appears pale or floppy
- abdominal pain and/or vomiting.

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at ~~Example School~~Huntly P.S who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of ~~Example School~~Huntly P.S is responsible for developing a plan in consultation with the student's parents/carers.

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

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Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Plans

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

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

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

Location of plans and adrenaline autoinjectors

~~Depending on the age of the students in your school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the school office or in the materials provided to staff on yard duty. This section of the policy can be amended to reflect the needs of your students. The text below is included as a sample only:~~

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~~Example for when students will not keep their adrenaline autoinjectors on their person:~~

~~A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at staffroom-[insert location], together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.~~

~~Example for when students will keep their adrenaline autoinjectors on their person:~~

~~A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at [insert location]. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at [insert location, i.e. First Aid Room, front office] and are labelled "general use".~~

~~Example for where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:~~

~~A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at [insert location]. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at [insert location], together with adrenaline autoinjectors for general use.~~

Risk Minimisation Strategies

~~This section should detail the risk minimisation strategies that your school will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. Please consider strategies for all school activities, including:~~

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- ~~during classroom activities (including class rotations, specialist and elective classes)~~
- ~~between classes and other breaks~~
- ~~in canteens~~
- ~~during recess and lunchtimes~~

- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

The strategies that you may choose to adopt will depend on your school community, the age of your students and the types of allergies that they may suffer from. Appendix F of the Department's Anaphylaxis Guidelines includes detailed risk mitigation strategies that you may choose to adopt.

The text below is included as a sample only:

To reduce the risk of a student suffering from an anaphylactic reaction at Example School Huntly P.S., we have put in place the following strategies:

In school settings

Classrooms

- A copy of the student's Individual Anaphylaxis Plan is kept in the classroom. The plan is to have easy access even if the Adrenaline Auto injector is kept another location.
- Liaise with parents about foods-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Products labelled "may contain traces of nuts" should not be served to students allergic to nuts. Products labelled "may contain milk or egg" should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, eg milk or egg cartons, empty peanut butter jars.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing.

Yard

- Students with anaphylaxis's response to insects should be encouraged to stay away from water or flowering plants.
- Party balloons should not be used if any student is allergic to latex.
 - staff and students are regularly reminded to wash their hands after eating;
 - students are discouraged from sharing food
 - garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
 - gloves must be worn when picking up papers or rubbish in the playground;
 - school canteen staff are trained in appropriate food handling to reduce the risk of cross contamination
 - year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
 - a general use EpiPen will be stored at the school canteen, office and in the yard duty bag for ease of access.

Adrenaline autoinjectors for general use

[Note: for guidance on the appropriate number of general use adrenaline autoinjectors for your school, refer to page 34 of the Department's Anaphylaxis Guidelines: <http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>]

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~~Example School~~Huntly P.S will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

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Adrenaline autoinjectors for general use will be stored at ~~the staffroom~~[insert location/s] and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at ~~Example School~~Huntly P.S at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Emergency Response

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

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by ~~First Aid Coordinator~~[insert role, name i.e. the school nurse] and stored at ~~First Aid room, staffroom and each teacher has a copy.~~[location – note, should be the same location that the plans are stored]. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • 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 staffroom<u>[insert location]</u> • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered

	<ul style="list-style-type: none"> Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

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

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

Communication Plan

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

[Note: you must outline how you will ensure that all staff, including casual relief teachers, ES and volunteers, are aware of this policy and students in their care at risk of anaphylaxis. The below text is included as a guide, however, you may include alternative strategies i.e. this policy will be included in volunteer/CRT induction packs, etc].

The First Aid Coordinator [~~insert role, i.e. principal or School Anaphylaxis Supervisor~~] is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and ~~Example School~~Huntly P.S.'s procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy. This policy will be included in volunteer/CRT induction packs.

Staff training

Staff at ~~Example School~~Huntly P.S will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

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

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

~~Example School~~Huntly P.S uses the following training course ~~[insert detail, e.g. ASCIA eTraining course (with 22303VIC), or 22300VIC or 10313NAT]~~.

[Note, for details about approved staff training modules, see page 13 of the [Anaphylaxis Guidelines](#)]

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Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including

[insert role, i.e. principal or School Anaphylaxis Supervisor]. Each briefing will address:

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

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

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FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Health Care Needs Policy](#)[insert links to related local policies, i.e. Health Care Needs.]

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REVIEW CYCLE AND EVALUATION

This policy was last updated on 36/98/20198[insert date] and is scheduled for review in SeptemberOctober 202019[month/year].

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