



ANAPHYLAXIS POLICY

PURPOSE

To explain to Stevensville Primary School 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 Stevensville Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

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

Stevensville Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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 Stevensville Primary School 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 Stevensville Primary School is responsible for developing a plan in consultation with the student's parents/carers.

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

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.

Prevention Strategies:

To minimise the risk of an allergic reaction, the school will consider carefully the use of peanuts, nuts, peanut butter or other foods that cause reactions with students. Below are listed strategies within the school setting.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Also ensure that the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible. But if food treats are used Parents of students with food allergy should provide a treat box. These need to be clearly labelled and only handled by the student.
4.	Never give food from outside sources to students who are at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	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.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/pdf/images/pdf/foodtach.pdf
9.	Ensure all cooking utensils, preparation dishes, plates, knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	All casual relief teachers, education support staff, specialist teachers and volunteers should be informed if a

student with anaphylaxis is in the room. They should also be informed of the location of students Individual Anaphylaxis Management Plan, Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each person's responsibility in managing an incident. I.e. seeking a trained staff member.

Yard

1. The School must ensure that as we have students with anaphylaxis, sufficient School staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed).
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan/ASCIA Plan are in the bum bag carried in the yard by a staff member. All staff should be aware of this.
3. Staff must know that the student's medical information and medication is carried in a bum bag by a staff member on yard duty. That there is a mobile phone in yard duty First Aid bag so that the office can be notified immediately and in turn notify First Aid of an anaphylactic reaction in the yard.
4. All staff must be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylaxis responses to insects should be encouraged to stay away from water and flowering plants. Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students do not take food or drinks outside.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a School has a student at a risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. Staff should avoid using food in activities or games, including rewards.
3. If special occasions are being planned staff should consult with Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be asked in advance to avoid providing students with treats whilst they are at School or at a Special Event due to the risk of anaphylactic reactions from other students.
5. Party balloons should not be used if any student/s' attending are allergic to latex
6. If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out of School Settings

Travel to and from School by bus

1. Staff to consult with Parents of students at risk of anaphylaxis and the bus provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

1. If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. Staff member/members trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. Staff should avoid using food in activities or games, including rewards.
4. The Adrenaline Autoinjector and ASCIA Action Plan for each student should be carried by a staff member with the student at all time.
5. For each field trip, excursion or sporting event a risk assessment should be undertaken for each individual

<p>student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion etc., size of venue, distance from medical assistance, structure of the excursions and staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face</p>
<p>6. The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).</p>
<p>7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.</p>
<p>8. Prior to the excursion taking place schools staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.</p>
<p>9. If the field trip, excursion or special event is being held at another school than that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.</p>

Camps and remote settings
<p>1. Prior to engaging a camp owner/operator's services the School should make enquires as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the School should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.</p>
<p>2. The camp cook must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.</p>
<p>3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party</p>
<p>4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owner/operator prior to the camp's commencement.</p>

<p>5. School staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.</p>
<p>6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with camp owner/operator and also consider alternative means for providing food for those students.</p>
<p>7. Use of substances containing allergens should be avoided altogether where possible.</p>
<p>8. Camps should strongly discourage from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.</p>
<p>9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile access is not available, an alternative method of communication in an emergency must be considered. E.g. satellite phone. All staff attending camp should familiarise themselves with the students Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p>
<p>10. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of</p>

students at risk, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all School staff and camp staff as part of the emergency response procedures developed for the camp.
11. Schools should take an Adrenaline Autoinjector for General use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
12. Schools should purchase an Adrenaline Autoinjector for the first aid kit and include this as part of the Emergency Response Procedures.
13. The Adrenaline Autoinjector should remain close to the student and all staff must be aware of its location at all times.
14. If appropriate older students may be allowed to carry their Adrenaline Autoinjector on camp but remember School staff members still have a duty of care towards the student.
15. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants.
16. Cooking, art and craft games should not involve the use of known allergens.
17. Consider the potential exposure to allergens when allowing the consumption of food on buses and in cabins.

School Management and emergency response:

The School's Anaphylaxis Management forms part of the School's general first aid and emergency response procedures.

The Emergency Response for an Anaphylactic Reaction is:

- Staff member to administer Adrenaline Autoinjector immediately. Sent Staff member to collect spare autoinjector device,
- Inform Office Staff to call for First Aid Assistance and call 000 stating "Anaphylactic Reaction" and then to organise ambulance to be directed to site.
- Office to contact parents/emergency contacts
- Ensure Student remains lying down until ambulance arrives and takes over.
- If reaction continues to administer spare Pippen 5 minutes after first Autoinjector has been given and/or follow direction from ambulance staff.
- Staff to remain with student until ambulance arrives, then to inform them of time of administration and type of Autoinjector used. Hand over used Autoinjector/s.

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Students affected by Anaphylaxis are:

- Kenan Tursic

Anaphylaxis Management Plans and ASCIA Plans will be kept in the following places:

- Classroom First Aid bag
- First Aid Office
- Staff room and Administration Medical Records books.
- Cases21

Storage and Accessibility of Adrenaline Autoinjectors:

Adrenaline Autoinjectors are kept:

- Student specific Autoinjector is stored in First Aid room
- In cool bag with students' photo attached

Communication with School Staff:

All staff will be instructed in the use of Autoinjector twice per year. The School's Emergency Response Procedure will be revisited, and staff informed of any changes. This will also occur immediately if changes occur at any time by email/at section meeting and staff meetings. This procedure will also be part of Staff Induction.

The School's Anaphylaxis Management Policy states that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions or at special events conducted, organised or attended by the school that there are sufficient number of School staff present who have been trained.

In the event of an anaphylactic reaction the Emergency Response Procedures must be followed together with the School's general First Aid and Emergency response procedures and the student's ASCIA Action Plan.

Adrenaline Autoinjectors for General Use:

The Principal is responsible for arranging the purchase of additional adrenaline autoinjectors for each student as a back-up to those supplied by parents.

The number of autoinjectors purchased collate directly with the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction. In this case 3 (three) Adult Autoinjectors are available.

The Autoinjectors supplied by parents as well as the Autoinjectors supplied by school are stored in each building of the school.

The adrenaline autoinjectors have a limited life, the school belongs to Epiclub who notify us 2 months and 1 month prior to expiry date. This enables First Aid officer to notify parents and to arrange the purchase of new autoinjectors.

Communication Plan:

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

During normal school activities including in the classroom, yard, and specialist classes and at sport if an anaphylaxis reaction occurs the following is to occur:

- Staff member with student to immediately administer Adrenaline Autoinjectors (which is carried with them whilst away from classroom) to student.
- Other staff member to contact office immediately using class phone or personal mobile to notify them of reaction.
- Office staff to immediately call an ambulance 000, stating "Anaphylactic Reaction", then notify First Aid Officer and parents
- Student to be placed lying down, legs maybe slightly raised and observed.
- If necessary, spare Autoinjector to be administered after 5 minutes and reaction is continuing.
- Once ambulance arrives, hand over to student including used Autoinjectors and times that they were administered.
- All involved to have a debrief session and if necessary counselling offered.
- Individual Anaphylaxis Management Plan is to be reviewed in consultation with parents.
- Adrenaline Autoinjectors to be replaced by parent/school prior to student returning to school.
- Interim Anaphylaxis Management Plan to be put in place until the above review has taken place.

During off site or out of school activities if an anaphylaxis reaction occurs the following is to occur:

- Prior to any of these activities a risk assessment will be carried out.
- During any of these activities staff will have with them the students individual Adrenaline Autoinjector and the school Autoinjector for that particular student/students.
- Staff member with student will immediately administer Adrenaline Autoinjector.
- Other staff member to immediately call ambulance 000 stating "Anaphylactic Reaction" using personal mobile
- When time permits, staff to contact school and inform them of reaction and contact parents, informing them where student will be taken by ambulance.
- Student to remain lying down with legs slightly raised and observed.
- If necessary spare Autoinjector to be administered after 5 minutes if reaction is continuing.
- All autoinjectors and time administered to be given to ambulance paramedics.
- All involved reassured and counselling offered.
- Review of Individual Anaphylaxis Management Plan is carried out with parents.
- Adrenaline Autoinjectors are replaced by parent/school as soon as possible, preferably prior to student returning.
- An Interim Anaphylaxis Management Plan may need to be put in place until the above has occurred.

Volunteers, Casual relief staff both teachers and ES staff will be informed about students with a medical condition that relates to allergy and potential anaphylactic reaction on their arrival to a classroom. This will be carried out by the regular staff member in that room. This information is included to the CRT folder that is provided in the room. Part of this will involve what occurs when the student attends other classes and is in the yard.

School staff will be trained every 2 years in Anaphylaxis Management using ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. Two (2) staff School

Anaphylaxis Supervisors will complete Course in Verifying the Correct use of Adrenaline Autoinjector Devices 22303VIC every 3 years. These two staff members will hold a briefing at least twice per calendar year for all staff.

Staff Training:

The following school staff must be trained in Anaphylaxis management:

- School staff who conduct classes that students who are at risk of anaphylaxis attend.
- Any further staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- The staff recognised above must have successfully completed, face to face anaphylaxis management training in the three years prior or an online anaphylaxis management course in the two years prior.
- Must also participate in a briefing to occur twice per calendar year with the first one to be held early in Term 1 by a member of school staff who has successfully completed an anaphylaxis management training course on:
 - a) The school's anaphylaxis management policy
 - b) The causes, symptoms and treatment of anaphylaxis
 - c) The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located.
 - d) How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector.
 - e) The school's general first aid and emergency response procedure
 - f) The location of and access to adrenaline autoinjectors that have been provided by parents or purchased by the school.

For any reason training and briefing has not yet occurred in accordance to this policy the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

The Annual Risk Management Checklist must be completed to monitor the obligations as published and amended by the Department from time to time.

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](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated on March 2019 and is scheduled for review in March/2020.

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.