

STUDENT HEALTH, SAFETY, WELLBEING AND ENGAGEMENT

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact school office to arrange the assistance of one of our Multicultural Education Aides (MEA's) [Heights Campus (03) 9546 3799 or Springvale Campus (03) 9546 9604].

PURPOSE

To explain to Springvale Rise 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 Springvale Rise 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

Springvale Rise 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 Springvale Rise 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 (or nominee) of Springvale Rise 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 Springvale Rise 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 Management Plans

A student's Individual Anaphylaxis Management 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 management plans and adrenaline autoinjectors

ASCIA Action Plans

Individual Anaphylaxis Management Plans and ASCIA Action Plans are kept in 'Allergy Folders' in the School's First Aid room. Copies are kept:

- with the student's Adrenaline Auto injector
- the students' Home Teacher's first aid box

A copy of the ASCIA Action Plan only is also kept:

- on the sickbay wall
- the Learning Centre Office
- in CRT's red information folder
- and prominently displayed on the Staffroom fridge

Adrenaline Auto injectors

Each student's Adrenaline Auto injector is kept in the cupboard marked Anaphylaxis Auto Injectors (EpiPen / Anapen) in the School's First Aid room (Heights Campus) and School Front Office (Springvale Campus) along with any antihistamine medication. Adrenaline autoinjectors for general use are also stored in the same cupboard and marked accordingly.

Risk Minimisation Strategies

Springvale Rise Primary School regularly considers and evaluates risk minimisation strategies to reduce the possibility of a student suffering from an anaphylactic reaction at school. Including:

- in the morning during Breakfast club

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in Kitchen Garden classes
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised, or attended by the school (e.g. class parties, cultural days, concerts, excursions and events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Springvale Rise Primary School, we have put in place the following strategies:

Within the classroom the school will ensure:

- A copy of the student's ASCIA Action Plan for Anaphylaxis is kept in the teachers office area of their learning centre
- On COMPASS a medical alert is assigned to all student's profile, including their grades roll call, who have a known medical condition, including those at risk of Anaphylaxis
- Home group teachers liaise with parents about food-related activities ahead of time
- Non-food treats and/or rewards are used in the classroom
- No food is to ever be given from outside sources to a student who is at risk of anaphylaxis without the express written consent of parents
- Products labelled 'may contain traces' of known allergens are not served to students
- Staff are aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg or milk cartons) and consider the risk-minimisation strategies of the student diagnosed at risk, even if that student is not in their class
- Staff ensure all cooking utensils, cutlery and crockery are washed and cleaned thoroughly before and after cooking with students
- Class teachers have regular discussions with students about the importance of washing their hands, eating their own food and not sharing food
- Office staff provide casual relief teachers with a CRT folder containing the names of students at risk of anaphylaxis, the location of the Anaphylaxis Auto Injectors (EpiPen / Anapen), and the School's Anaphylaxis Management Policy.

During Breakfast Club weekly Kitchen Garden Lessons the school will ensure:

- Organisers participate in staff anaphylaxis training
- The organiser/teacher in charge knows the identity of students who are at risk of anaphylaxis and brief any volunteers as necessary
- Safe food alternatives are supplied
- The organiser is aware of the risk of cross contamination when preparing and handling food
- The organiser maintains good hygiene especially of work surfaces, equipment and crockery
- All students who participate have signed written permission from their parent/carer.

Within the playground the school will ensure:

- All staff on yard duty are aware of emergency management procedures and know how to notify the general office of an anaphylactic reaction in the yard

- All staff carry either their mobile phone or a walkie talkie so that they are able to quickly contact the school office or call '000' in times of emergency
- Yard duty staff are able to identify, by face, those students at risk of anaphylaxis and that the yard duty bag contains photographs all students who are at risk of allergy/anaphylaxis
- The teacher waits for the Adrenaline Auto injector to be brought out to them and never leaves a student who is experiencing an anaphylactic reaction unattended
- A student experiencing an anaphylactic reaction is not moved.

During in-School setting special events (including incursions, class parties and sport) the school will ensure:

- Staff supervising the special event are trained in the administration of an Adrenaline Auto injector and are able to respond quickly to an anaphylactic reaction if required
- Staff avoid using food in activities or games, including as rewards
- Parents of other students are informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid them in treats brought from home
- Party balloons are not used if any student is allergic to latex
- Swimming caps are not used by any student who is allergic to latex
- Home Group Teachers and/or staff organising special events liaise with parents about food-related activities ahead of time and either develop an alternative food menu or request the parents to send a meal for the student when required.

During out-of-School setting special events (including excursions, sport, and camps) the school will ensure:

- Staff attending special events are trained in the use of the Adrenaline Autoinjector in order to respond quickly if and when required
- Where meals are provided, School Staff consult parents / carers in advance to either develop an alternative food menu or request the parents / carers to send a meal for the student
- Parents / carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing their children with such treats whilst they are at an out-of-school event
- Staff will avoid using food in activities or games, including as a reward
- Prior to the out-of-school event taking place School 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
- For each out-of-school event a risk assessment is undertaken for each individual 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/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio
- Parents who wish to accompany their child on out-of-school events are invited to do so as another strategy for supporting the student who is at risk of anaphylaxis
- The student's Adrenaline Auto injector (and antihistamine medication) and a copy of their ASCIA Anaphylaxis Action Plan / Individual Anaphylaxis Management Plan will be taken on all special events, excursions and camps
- A 'General Use' Adrenaline Auto injector will be taken as back-up to the student's own, on all out-of-school activities
- All School Staff members present during the special event, excursion or camp need know the identity of any student/s attending who are at risk of anaphylaxis and be able to identify them by face
- A nominated staff member (supervising teacher) will be responsible for carrying the Adrenaline Auto injectors / Individual Anaphylaxis Management Plans in the school First Aid Bag. The First Aid Bag should remain close to the student at all times and all staff must be aware of its location

- Organisation of groups will allow for another member of staff to be with the supervising teacher so that in the event of a severe allergic reaction, at least two members of staff are on hand to respond
- Prior to engaging a camp owner / operator's services the School enquires as to whether it can provide food that is safe for anaphylactic students. If a camp owner / operator cannot provide this confirmation to the School, then the School will consider using an alternative service provider
- The camp cook and / or those in charge of the kitchen and catering facilities should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc
- A mobile phone will be taken on all out-of-school events.

Adrenaline autoinjectors for general use

Springvale Rise Primary School 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.

Adrenaline autoinjectors for general use will be stored in the same location as student injectors in a clearly labelled cupboard. They are labelled 'general use' and can specifically be located at:

- Springvale Campus- in the office, in a cupboard right of the business manager's desk
- Heights Campus- first aid room. Top left cupboard.

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

- the number of students enrolled at Springvale Rise Primary School 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 the First Aid Representative and stored at the School's First Aid Room.

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• Call the office on mobile/class phone (or on walkie talkie for CRTs) to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis

	<p>Management Plan, stored in the Classroom. * if no phone is available seek assistance from another staff member or reliable student to go to the office.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Administer the EpiPen, 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 place the orange end against the student’s outer mid-thigh (with or without clothing) ○ Pull off the blue safety release (cap) ○ 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 <p>OR</p> <ul style="list-style-type: none"> • Administer the Anapen® 500, Anapen® 300, or Anapen® Jr. <ul style="list-style-type: none"> ○ Pull off the black needle shield ○ Pull off grey safety cap (from the red button) ○ Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) ○ Press red button so it clicks and hold for 10 seconds ○ Remove Anapen® ○ Note the time the Anapen is administered ○ Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
3	<ul style="list-style-type: none"> • Call an ambulance (000) <p>NOTE: If the supervising teacher is waiting for the autoinjector (EpiPen / Anapen) to arrive, it is advised that an ambulance is called right away by the supervising teacher or another adult who is with them.</p>
4	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

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.

Communication Plan

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, kitchen staff and volunteers are aware of this policy and Springvale Rise Primary School'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, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff Training

The principal (or nominee) will ensure that all school staff are appropriately trained in anaphylaxis management: All staff at Springvale Rise Primary School are required to undertake training and must complete:

- 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.

Springvale Rise Primary School uses the following training course; ASCIA Anaphylaxis eTraining Schools Victoria course.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. 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
- 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
- how to use an adrenaline autoinjector, including an opportunity to have hands on practice with a trainer adrenaline autoinjector.

When a new student enrolls at Springvale Rise Primary School who is at risk of anaphylaxis, the First Aid attendant 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.

The Principal (or nominee) will ensure a record of staff training courses and briefings is maintained and saved on the U-drive. The record will include the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice yearly briefings.

The Principal (or nominee) will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

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](#)
- First Aid Policy, Asthma Policy, Health Care Needs Policy and Administration of Medication Policy can be found online

REVIEW CYCLE

This policy was last updated in October 2021 and is scheduled for review in October 2022 or if guidelines change.

This policy was approved by the Principal.