

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact school reception.

PURPOSE

To explain to Topirum 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 Topirum 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

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

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 Topirum 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 Topirum 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 Topirum 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 PLANS AND ADRENALINE AUTOINJECTORS

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

CLASSROOM

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

- 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
- letter to inform all parents of students in that class, there is a student with a specified allergy.
- Specialists and class teacher has a copy of each student's ASCIA plan – on display in the teacher's office area.
- The CRT folder for the class, has information on the students with a food anaphylaxis.
- For class parties/events- the teacher will notify parents making/bringing food that ingredients/allergens must be listed for all foods to be shared. All foods containing nut products are not permitted. For a child with a food allergy, the parent must be notified prior to the event by the class teacher and food options discussed, including the child having their own specific food to eat supplied by the parent.
- Food rewards are discouraged. Parents of a student at risk of food allergy should be asked to provide a 'treat box' for their child.
- For any 'class cooking' activities, the teacher discusses food options for the child with a food allergy prior to the event.
- For Science classes, in which food is used, the teacher engages the parent prior to the classes.
- For Music classes, in which wind instruments may be shared, the teacher speaks with the parent about them providing their own instrument for the child.
- For Art classes, the Art Teacher, to be mindful of any activities involving food, including play dough and face painting. The teacher to engage the parent in any discussion if needed.

- For sunscreen, the teacher should not provide any sunscreen. The parent should be engaged to provide this for their child.

YARD/RECESS/LUNCH

- All staff on yard duty, have a Yard Duty Folder (red) which has an up to date information on identified students (picture, name, grade, type of allergy).
- In the yard duty bum bag, is a red 'anaphylaxis' card which the yard duty teacher can send into the office to alert an anaphylactic emergency.
- Gloves/tongs must be worn/used when picking up papers or rubbish in the playground.

Planning for off-site activities (such as camps and excursions) will include risk minimisation strategies for students at risk of anaphylaxis including ensuring:

- *students at risk of anaphylaxis are appropriately supervised*
- *there are an appropriate number of staff trained in managing anaphylaxis*
- *that the teacher-in-charge of the off-site activity has immediate access to relevant students' adrenaline autoinjectors and either hard copy or electronic access to Individual Anaphylaxis Management Plans and ASCIA Actions Plans.*

EXCURSIONS

- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.
- The excursion co-ordinator (school based) must brief all staff, including parent helpers, to ensure they are aware of how to manage an anaphylactic reaction. Review the emergency response procedures, including awareness of nearest medical facility/hospital. Access to transport.
- The student with food anaphylaxis to be placed in the teacher's group who is trained in anaphylaxis management at all times.
- For visits to farm yards/zoos, teachers to be mindful of allergy for touching animals/animal feed. Teachers to discuss prior to the event with the parent.
- Recommended to have the parent of a child with food anaphylaxis as a parent helper if possible.
- Consider student with allergies to wear gloves.
- Staff to carry mobile phones.
- EpiPen not to be left in the sun for prolonged periods.
- Students with an anaphylactic response to insects/bees should always wear closed shoes and long-sleeved clothes when outdoors, and should be encouraged to stay away from water or flowering plants.

CAMPS

- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.
- The camp co-ordinator (school based) must brief all staff on camp, including parent helpers, to ensure they are aware of how to manage an anaphylactic reaction. Review the emergency response procedures, including awareness of nearest medical facility/hospital. Access to transport.

- The student with food anaphylaxis to be placed in the teacher’s group who is trained in anaphylaxis management at all times.
- Supervising teacher of student to have epipen/ASCIA plan and mobile phone for activities during the day.
- Camp co-ordinator (school based) to contact parents, so they can directly speak to camp cooks/co-ordinator re: dietary/allergy concerns and precautions for camp menu. Parent may prefer to provide some/all foods for camp, including treats.
- Camp co-ordinator (school based) to consider all activities, rewards, kitchen duty to minimise risks to students with food anaphylaxis. This includes kitchen duty, for example, prefer to set table than clean food scraps.
- Back up epipen sent from home by parent.
- Epipen not to be left in the sun for prolonged periods.
- Students with an anaphylactic response to insects/bees should always wear closed shoes and long-sleeved clothes when outdoors, and should be encouraged to stay away from water or flowering plants.

Adrenaline autoinjectors for general use

Topirum 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 First Aid Room 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 Topirum 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.
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

In the event of an anaphylactic reaction (on or off-site), 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 nurse and stored in the 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

	<ul style="list-style-type: none"> • 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 in the First Aid Room. If off-site, the teacher-in-charge of the off-site activity will have immediate access to items listed above • 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</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 • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <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.	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.

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.

Communication Plan

This policy will be available on Alexander Boulevard Primary School's (interim name) website so that parents and other members of the school community can easily access information about Alexander Boulevard Primary School's (interim name) anaphylaxis management procedures. The parents and carers of students who are enrolled at Topirum 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, canteen staff and volunteers are aware of this policy and Alexander Boulevard Primary School's (interim name) 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.

ALL STAFF, INCLUDING ES

- At the beginning of the school year, the school nurse will conduct the Twice Yearly briefing for all staff, identifying the names/class/picture of each student with an ASCIA plan at risk of anaphylaxis.
- At the beginning of the school year, the Anaphylaxis Policy will be discussed and reviewed by all staff, as part of staff induction.
- The Anaphylaxis Policy will be made available to all staff for reference on the school Sharepoint and school website.
- A meeting of teachers who have a student at risk of anaphylaxis with an ASCIA plan will be held by the school nurse, to brief them specifically.
- The Twice Yearly briefing for all staff will be done again in term 3.

CRTs

- The Anaphylaxis policy will be provided to all CRT teachers in their CRT Folder, given by the office, on arrival at the school.
- CRT teachers who have a student at risk of anaphylaxis with an ASCIA plan, will be verbally told this by the office staff. The teacher will be shown the specific ASCIA plan for the specified student, as included in the CRT folder.
- The adjacent teacher to the CRT teacher is asked to remind the CRT that there is a student with risk to anaphylaxis and note the ASCIA plan also on display in the staff office area.

VOLUNTEERS

- Volunteers on signing in at the office, will be asked to read induction information indicating there are students at the school who have a food/other allergy at risk of anaphylaxis. This is on the Compass Kiosk.
- As part of this induction information, they are asked to minimise foods brought on to the school premise containing nuts, not to share food with students, and practice hand hygiene.

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

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training 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.

Topirum Primary School uses the following training course:

- ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Nurse. To perform the competency check, the anaphylaxis supervisor, must have completed the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC.
- A Department of Education approved face to face program (22578VIC, or 22579VIC or 10710NAT).

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 including the 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 Topirum Primary School 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.

A record of staff training sessions will be maintained by the school nurse.

The principal 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

- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Department's Policy and Advisory Library (PAL):

- [Anaphylaxis](#)
- [Risk Assessment for Local and Day Excursions](#)
- [Confidential Medical Information Form for Excursions](#)
- Related Policies:
 - Medication Administration Policy
 - First Aid Policy
 - Health Care Needs Policy
 - Medication Administration Log
 - Medication Authority Form

POLICY REVIEW AND APPROVAL

Policy last reviewed	June, 2023
Consultation	Consultation on this policy will occur early in 2024 with students, staff, parents and school council
Approved by	Principal
Next scheduled review date	March 2024 - to ensure ongoing relevance and continuous improvement, this policy will be reviewed annually
Is the policy available on the school website?	Yes

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.