



ANAPHYLAXIS POLICY

PURPOSE

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

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

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

Plenty Parklands 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 Plenty Parklands Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Health Management Plan (based on the **ASCIA Action Plan for Anaphylaxis**). When notified of an anaphylaxis diagnosis, the staff member notified must ensure the office and the First Aid Officer are informed. The child's GP is responsible for developing a **ASCIA Action Plan for Anaphylaxis** plan in consultation with the student's parents/carers.

Where necessary, an Individual Health Management Plan will be in place as soon as practicable after a student enrolls at Plenty Parklands 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 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 Health 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
- 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
- an up to date photograph of the student which is taken in week 1 of term 1.

Review and updates to Individual Health Management Plans

A student's Individual Health Management Plan is to be reviewed and updated on an annual basis in consultation with the student's parents/carers and the First Aid Officer will ensure that it is in line with the student's ASCIA Action Plan for Anaphylaxis from the GP. 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, in so far as it relates to allergy and the potential for anaphylactic reaction, changes

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

Following a situation where a student has required their EpiPen, the school will take the following actions:

- The ASCIA Action Plan for Anaphylaxis is to be reviewed by the GP
- Adrenaline autoinjector/s will be replaced
- Risk minimisation strategies will be reviewed
- An incident report will be completed
- Arrange support for the student if required
- Other students to be educated, as appropriate, about anaphylaxis management and the potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Health Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid room, together with the student's adrenaline autoinjector in a clearly labelled individual bag. Adrenaline autoinjectors must also be labelled with the student's name. A copy of each student's Individual Health Management Plan is also kept in their own classroom and in the specialist classrooms.

Risk Minimisation Strategies

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

- *staff and students are regularly reminded to wash their hands before and after eating*
- *students are not allowed to share food*
- *parents are alerted to strategies that the school has in place and the need for their child to not share food and to wash hands after eating*
- *garbage bins at school remain covered with lids to reduce the risk of attracting insects*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
- *no food to be brought to celebrate birthdays*
- *parents are informed of any cooking sessions and activities using food*
- *a general use EpiPen will be stored in the First Aid room*
- *planning for off-site activities includes 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.*
- *consideration is given to children with food allergies when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.*

Adrenaline autoinjectors for general use

Plenty Parklands Primary School will maintain a supply of adrenaline autoinjectors for general use (1 adult and 1 junior), 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 First Aid Officer, as the principal's delegate, is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Plenty Parklands 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 Health Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer 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 camp, excursion or special event, together with their Individual Health Management Plan and adrenaline autoinjector, where appropriate.

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

Step	Action
	Note that in all incidences an ambulance must be called. This should be done as soon as possible.
1.	<ul style="list-style-type: none"> • Lay the person flat, unless breathing is difficult, then allow them to sit • Do not allow them to stand or walk • Be calm and reassuring • A staff member is to stay with them at all times • 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 Health Management Plan, stored in the First Aid room in a bag labelled with the student's name. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
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 [Frequently asked questions — Anaphylaxis](#)].

Communication Plan

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

The principal, or assistant principal, will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

The principal, or assistant principal, is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Plenty Parklands 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, or assistant 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 will ensure that the following school staff are appropriately trained in anaphylaxis management:

- All school staff (teachers, admin staff, first aid officer and ES staff).
- Two staff members (as determined by the principal or assistant principal) to be trained as School Anaphylaxis Supervisors.

Plenty Parklands Primary School uses the *ASCIA Anaphylaxis e-training for Victorian Schools* for training staff.

School Anaphylaxis Supervisors 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.

Plenty Parklands Primary School Anaphylaxis Supervisors are to complete the *Verifying the Correct Use of Adrenaline Autoinjector Devices Course 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)

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 the School Anaphylaxis Supervisors who have 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
- 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 Plenty Parklands Primary School who is at risk of anaphylaxis, the First Aid Officer 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 assistant 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.

STAFF TRAINING AND EMERGENCY RESPONSE

The school's first aid procedures and student emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

FURTHER INFORMATION AND RESOURCES

- Policy and Advisory Library:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Health Care Needs Policy

EVALUATION:

This policy will be reviewed annually to reflect best practice and new regulations.

The principal, or assistant 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.

REVIEW CYCLE

This policy was last updated in **November 2020** and is scheduled for review in **November 2021**.

Endorsed by School Council in February 2021