



ANAPHYLAXIS POLICY

PURPOSE

To explain to the parents/carers, staff and students of this school the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that the school is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. To ensure all staff can respond to an anaphylactic reaction.

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/carers.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen and is life threatening. 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 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. Adrenaline autoinjectors may also be referred to by the common brand name EpiPen. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

POLICY

School Statement

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

Individual Anaphylaxis Management Plans

All students who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (IAMP). When notified of an anaphylaxis diagnosis, the school Principal is responsible for developing a plan in consultation with the student's parents/carers.

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

When a new student who is at risk of anaphylaxis enrolls at the school, 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.

Parents/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

More information on ASCIA Action Plans can be accessed at:
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Each student's Individual IAMP 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 up-to-date 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 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. Adrenaline autoinjectors for general use are available in the staff room & disabled change room cupboard and are labelled "general use". Copies of the plans will be kept in the main office. It may also be appropriate to keep copies of the plans in various locations around the school so that a plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the general office or in the materials provided to staff on yard duty.

When students may not keep their adrenaline autoinjectors on their person:

A copy of the student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the office & within their adrenaline autoinjector storage pouch. Adrenaline autoinjectors must be labelled with the student's name and will be stored in their classroom in a prominent position.

When students may keep their adrenaline autoinjectors on their person:

A copy of the student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the office & within their adrenaline autoinjector storage pouch. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the staff room & disabled change room cupboard and are labelled "general use".

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 in the office. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name in their classroom.

Risk Minimisation Strategies

The school will use the checklist and recommendations in the Anaphylaxis Guidelines to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:

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

The strategies chosen will depend on our school community, the age of our 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 may be adopted.

To reduce the risk of a student suffering from an anaphylactic reaction, 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
- 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 adrenaline autoinjector will be stored in the staff room cupboard and the disabled change room cupboard.

Other strategies that will be implemented by the school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an adrenaline autoinjector.
- identifying susceptible children and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- informing parents of students of specific allergens in their child's class via a letter home at the beginning of each year and via a sign on the classroom door.
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Anaphylaxis Action Plan developed in consultation with a health professional and an Anaphylaxis Management Plan along with an in date adrenaline autoinjector.
- ensuring all school camp providers have clearly been communicated with about specific allergies of students attending the camp.
- supervising all food and meals served during an excursion or camp

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with the school's obligations. The Risk Management Checklist can be accessed at: <https://www.education.vic.gov.au/Documents/school/teachers/health/AnnualAnaphylaxisRiskManagementChecklist.doc>

Adrenaline Autoinjectors for General Use

Note: for guidance on the appropriate number of general use adrenaline autoinjectors for the school, we will refer to page 34 of the Department's Anaphylaxis Guidelines.

The 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 auto injectors for general use will be stored in the staff room and disabled change room cupboard and labelled "general use".

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

- the number of students enrolled at the school who are 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. (A nominated staff member will be responsible for checking and replacing the Adrenaline Autoinjectors for General Use.)

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 Officer and stored in the sick bay, canteen and staffroom.

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
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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, copies of which are stored in the First Aid room, the staff room and the child's classroom ● 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 an adrenaline autoinjector (if the student is under 15-30 kg a Jr version should be used) ● Remove from plastic container ● Form a fist around the adrenaline autoinjector and pull off the blue safety release (cap) ● Place orange end against the student's outer mid-thigh (with or without clothing although avoid pockets and seams) ● Push down hard until a click is heard or felt ● hold in place for 3 seconds ● Remove the adrenaline autoinjector ● Note the time the adrenaline autoinjector is administered ● Retain the used adrenaline autoinjector ● If you aren't sure if someone needs the adrenaline autoinjector, it is better to give it than not. ● Further instruction on the use of adrenaline autoinjectors can be accessed at: https://www.healthdirect.gov.au/how-to-use-an-adrenaline-autoinjector-epip-en.
3	<ul style="list-style-type: none"> ● Call an ambulance (000)
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 will follow steps 1 – 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

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all staff, children 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 child in a classroom, in the school yard, on school excursions, on school camps and special event days.

The Communication Plan will include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

Procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care will be included.

As part of the Communication Plan, the school will develop summary statements to communicate with the whole school community around awareness of anaphylaxis and allergies and strategies to minimise risks.

Volunteers and casual relief staff of children at risk of anaphylaxis will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care by an appropriate person as determined by the Principal.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of children diagnosed at risk of anaphylaxis and where their medication is located
- how to use an adrenaline auto injecting device
- the school's first aid and emergency response procedures
- the location of, and access to, the adrenaline autoinjectors that have been purchased by the school for general use or provided by parents

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

Staff Training

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

All staff will complete the online training course once every two years and have their competency in using an autoinjector tested in person within 30 days of completing the course.

The course will take approximately one hour and can be accessed at <https://etrainingvic.allergy.org.au/>

In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. EpiPen®) tested in person within 30 days of completing the course.

A small number of staff will be trained to be able to assess other staff's competency in using an autoinjector in person.

Please note: First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

Twice-yearly anaphylaxis briefing requirements

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 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

Please note: the training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

If for any reason a relevant staff member has not yet completed training, the principal is responsible for developing an interim individual anaphylaxis management plan in consultation with the student's parents. The Principal should also consider whether consultation with the School Anaphylaxis Supervisor or the student's treating medical practitioner is required when developing the interim plan.

Impact at School

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist. It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

If in any doubt, for all anaphylaxis management enquiries, (including the implementation of MO706), the school will call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235.

Note:

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

- Education Policy and Advisory Library -: Anaphylaxis
<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>
- Ministerial Order 706 - Anaphylaxis management in Victorian schools
https://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
<https://allergyfacts.org.au/>
- ASCIA Guidelines: Schooling and childcare
<https://allergyfacts.org.au/allergy-management/schooling-childcare>
- Royal Children's Hospital: Allergy and immunology
<https://www.rch.org.au/allergy/>

References: <https://www2.education.vic.gov.au/pal/anaphylaxis> (MO706 effective 3 December 2015)

REVIEW CYCLE AND EVALUATION

This policy, first developed in this format in May 2019 and updated in April 2021, will be reviewed annually, following an anaphylactic incident or if guidelines change (latest DET update mid-June 2020).