



# Anaphylaxis Management Policy

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## Rationale:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. .

## School Statement

Bunyip Primary School (BPS) will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Training from time to time in relation to anaphylaxis. Bunyip Primary School acknowledges the school's responsibility to develop and maintain an Anaphylaxis Management Policy.

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.

## 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.

## Signs and 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.

## Aims:

To explain to BPS parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis. This policy also ensures that BPS is compliant with Ministerial Order 706 and the Department of Education and Training's guidelines for anaphylaxis management.

## Implementation:

### Individual Anaphylaxis Management Plans

All students at BPS who are diagnosed by a medical practitioner as being at risk of anaphylaxis must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of BPS will ensure a plan is developed, 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 BPS and before the student's first day. The red and blue ASCIA (Australasian Society of Clinical Immunology and Allergy Limited) Action Plan for Anaphylaxis is the recognised form for emergency procedure plans that is provided by medical practitioners to parents/carers when a child is diagnosed as being at risk of anaphylaxis.

#### 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, which 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.

BPS 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**

Individual Anaphylaxis Management Plans and ASCIA Action Plans can be located:

- in the general office, along with each child's adrenaline autoinjectors
- in each child's classroom;
- in all school buildings including office, sick bay, staff room, art room and hall;
- on school excursions- with the First Aid officer along with the adrenaline autoinjectors;
- on school camps and special events- with the individual student or staff member leading the group activity

### **Location of adrenalin autoinjectors**

- Individual student autoinjectors are located in the general office
- For higher risk students, a second individual autoinjector is kept with them in their classroom and as they move about the school, this includes when out in the school yard

## **Risk minimisation and prevention strategies**

BPS staff are regularly reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by school staff when trying to satisfy this duty of care.

BPS implements the following risk minimisation and prevention strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

### **Classroom:**

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the adrenaline autoinjectors is kept in another location (e.g. general office)
- Liaise with parents about food-related activities ahead of time
- Never give food from outside sources to a student who is at risk of anaphylaxis
- 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
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
- It is the responsibility of the Principal to ensure that casual relief teachers, specialist teachers and volunteers are informed of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjectors, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member

### **Canteen:**

- Canteen staff (whether internal or external) are trained in appropriate food handling to reduce the risk of cross-contamination
- Canteen staff should be able to demonstrate satisfactory knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide, available at:

<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>

- Helpful resources for food services: <http://www.allergyfacts.org.au/component/virtuemart/>
- Canteen staff will communicate with parents/carers of anaphylactic students and discuss with the students what they can and cannot purchase

### **School yard (outside/playground)**

- Each student's Individual Anaphylaxis Management Plan are easily accessible from the school yard and staff will be aware of the exact location of the adrenalin autoinjectors for each child (general office)
- All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the school yard
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis, this is assisted by student action plans being included in the yard duty folder
- 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 school yard

### **Special events/camps/excursions:**

- For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student
- The adrenaline autoinjectors and ASCIA Action Plan for anaphylaxis must be with the student even if this child is deemed too young to carry an adrenaline autoinjectors on their person
- A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjectors must accompany any student at risk of anaphylaxis on field trips or excursions
- For each camp/excursion, a risk assessment should be 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
- The school should consult parents/carers of anaphylactic students in advance to discuss issues that may arise.
- Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students
- The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates
- Contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp

### **Adrenaline autoinjectors for general use**

BPS will maintain a supply of adrenaline autoinjectors for general use, as a back up to those supplied 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 first aid room and marked with "general use".

The Principal is responsible for the purchase of adrenaline autoinjector(s) for general use and will consider

- the number of students enrolled at BPS 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 Principal and located in every main room of the school, first aid room and general office. 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"><li>• Lay the person flat, however if having difficulty breathing, allow them to sit</li><li>• Do not allow them to stand or walk</li><li>• Be calm and reassuring</li><li>• A member of the school staff should remain with the student (or person) who is displaying symptoms of anaphylaxis at all times</li><li>• Personal mobile phones can be used to raise the alarm that a reaction has occurred</li><li>• A member of the school staff should immediately locate the student's adrenaline autoinjectors and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul> |
| 2.   | Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"><li>• The adrenaline autoinjectors should then be administered following the instructions in the student's ASCIA Action Plan</li><li>• Note the time the EpiPen is administered</li><li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li></ul>   |
| 3.   | Call an ambulance (000) <ul style="list-style-type: none"><li>• a nominated staff member will immediately call the ambulance; and</li><li>• a nominated staff member will wait for ambulance at a designated school entrance , with a high vis jacket to alert ambulance</li></ul>   |
| 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 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.

After an anaphylactic reaction has taken place. a review of this policy and student management plan will be undertaken.

## Communication Plan

This policy will be available on BPS's website so that parents/carers and other members of the school community can easily access information about BPS's anaphylaxis management procedures.

The parents/carers of students who are at risk anaphylaxis will 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 BPS's procedures for anaphylaxis management.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is displayed in the sick bay, yard duty folders, general office wall with adrenaline autoinjectors, staff room, and shown to staff as part of annual anaphylaxis training

BPS will distribute information to all school staff about anaphylaxis and the School's Anaphylaxis Management Policy at least twice each year.

Volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction are informed of the student's condition when signing in at the general office and are instructed on their role in responding to an anaphylactic reaction by a student in their care. This may include written instruction for CRT staff

All staff (teaching and non-teaching) are informed of all known students with a medical condition that relates to allergy and the potential for anaphylactic reaction, photos and information regarding these students is circulated and displayed as part of the schools start of year procedures.

## Staff training

The principal will ensure that all staff (teaching and non-teaching) are appropriately trained in anaphylaxis management annually. The training will be:

- an approved face-to-face anaphylaxis management training course, or
- an approved online anaphylaxis management training 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 include:

- this policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an adrenaline autoinjectors, including hands on practise with a trainer adrenaline autoinjectors device;
- the school's general first aid and emergency response procedures; and
- 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 BPS 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.

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

## **Annual risk management checklist**

The Principal will ensure an annual risk management checklist is undertaken, as published by the Department of Education and Training to monitor compliance with their obligations.

## **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](#)

Bunyip Primary School policies

- [First aid and ill student care policy](#)
- [Medication distribution policy](#)

## **Evaluation:**

*Ratified by School Council: June 2019*

*To be reviewed in: June 2020*