

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact brandon.park.ps@education.vic.gov.au

PURPOSE

To explain to Brandon Park 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 Brandon Park 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, volunteers, canteen workers
- 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

Brandon Park 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 medications.

Symptoms

Signs and symptoms of a mild to moderate allergic reactions 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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Brandon Park 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 Brandon Park 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 Brandon Park 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 auto injector for the student that is 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 allergy 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 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 auto injectors

Students will not keep their adrenaline auto injectors on them in person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the sick bay, together with the student's adrenaline auto injector. Adrenaline auto injectors are labelled with the student's name.

Adrenaline auto injectors for general use are available at the Sick Bay and are labelled "general use".

Risk minimization strategies

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

In the classroom:

- Teachers keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. The ASCIA Action Plan for Anaphylaxis is easily accessible and the adrenaline auto injector is kept in the Sick Bay.
- We liaise with parents about food-related activities well ahead of time.
- We do not use food for treats or rewards.
- We never give food from outside sources to a student who is at risk of anaphylaxis.

- Products labelled 'may contain traces of nuts' are not served to students allergic to nuts. Products labelled 'may contain milk or egg' are not served to students with milk or egg allergy and so forth.
- Staff are to be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars) and not use these.
- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food are conducted.
- The CRT folder in every classroom will contain information about students who are at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto injector and the school's Anaphylaxis Managing An Incident. I.e. seeking a trained staff member.

The canteen:

- Our canteen staff will demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including 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 at:
- www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx
- Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
- A copy of the student's ASCIA Action Plan for Anaphylaxis is displayed in the canteen as a reminder to canteen staff and volunteers.
- Products labelled 'may contain traces of nuts' are not be served.
- Our canteen provides a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- We make sure that tables and surfaces are wiped down with warm soapy water regularly.
- We strongly discourage children and staff to bring nuts and nut products to school and the canteen does not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.) or hard boiled eggs.

In the yard:

- All school staff on yard duty are trained in the administration of the adrenaline auto injector (i.e. EpiPen) and are able to respond quickly to an allergic reaction if needed.
- The adrenaline auto injector and each student's individual ASCIA Action Plan for Anaphylaxis is easily accessible from the yard, and staff are aware of their exact location.
- We have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff carry

emergency cards in yard-duty bags and a mobile phone. All staff on yard duty are aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

- Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.
- Students with severe allergies to insects are encouraged to stay away from water or flowering plants. School staff liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- We keep lawns and clover mowed and outdoor bins covered.
- Students are encouraged to keep drinks and food covered while outdoors.

Special Events: (Incursions, class parties, etc.)

If our school has a student at risk of anaphylaxis, sufficient school staff supervising the special event will be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if required.

School staff avoid using food in activities or games, including as rewards.

- For special events involving food, 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.
- Parents of other students are informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and we request that they do not provide students with treats whilst they are at school or at a special school event.
- Party balloons are not to be used if any student is allergic to latex.
- If students from other schools are participating in an event at our school we will consider requesting information from the participating schools about any students who will be attending who are at risk of anaphylaxis. We will endeavour to agree on strategies to minimise the risk of a reaction while the student is visiting the school. This will include a discussion of the specific roles and responsibilities of the host and visiting school.
- Students at risk of anaphylaxis should bring their own adrenaline auto injector with them to events outside their own school.

Excursions And Sporting Events/Excursions/Sporting Events:

- If we have a student at risk of anaphylaxis, school staff supervising the special event must be trained in the administration of an adrenaline auto injector and be able to respond quickly to an anaphylactic reaction if required.
- A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany any student at risk of anaphylaxis on excursions.
- School staff should avoid using food in activities or games, including as rewards.

- The adrenaline auto injector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
- For each excursion 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.
- All school staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
- Parents may wish to accompany their child on excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion 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.
- If the excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.
- Students at risk of anaphylaxis take their own adrenaline auto injector with them (via their teacher) to events being held at other schools.
- A backup pen from home should also be provided.

Camps:

- Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then we will strongly consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Our schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. We have a duty of care to protect students from reasonably foreseeable injury and this duty cannot be delegated to any third party.

- We will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
- Our staff will consult with parents of students at risk of anaphylaxis to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
- If our school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, we will raise these concerns in writing with the camp owner/operator and we will also consider alternative means for providing food for those students.
- Use of substances containing known allergens will be avoided altogether where possible.
- We will discourage camps that we attend from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
- Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- The student's adrenaline auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone.
- All staff attending camp will familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
- We will ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- It is strongly recommended that schools take an adrenaline auto injector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
- Each student's adrenaline auto injector and back up EpiPen from home will remain close to the student and school staff must be aware of its location at all times.
- An adrenaline auto injector will also be carried in the school first aid kit.
- Students with allergies to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and will also be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games will not involve the use of known allergens.
- We will consider the potential exposure to allergens when consuming food on buses and in cabins.

Adrenaline auto injectors for general use

- Brandon Park Primary School will maintain a supply of adrenaline auto injectors 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 sick bay 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 Example 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, 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 Franca Aceto and stored in the Sick Bay. 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 auto injectors, where appropriate.

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

	Action
1	<ul style="list-style-type: none"> • Lay the person flat or in recovery position • 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 auto injector or the school’s general use auto injector, and the student’s Individual Anaphylaxis Management Plan, stored at in the Sick Bay <p>If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</p>
2	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <p>Remove from plastic container</p> <ul style="list-style-type: none"> • Form a fist around the EpiPen and pull of 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 <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3	<ul style="list-style-type: none"> • Call an ambulance (000)
4	<p>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 auto injectors are available.</p>
5	<p>Contact the student’s emergency contacts.</p>

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

The Principal or School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Brandon Park 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.

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 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, all canteen staff, 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.
- Brandon Park Primary School uses the following training course:
- Online training — ASCIA Anaphylaxis e-training for Victorian Schools
<https://etrainingvic.allergy.org.au/>

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 i.e. 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 Brandon Park 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 courses and briefings will be maintained in the first aid room.

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:

The Department's Policy and Advisory Library (PAL):

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

POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2023
Approved by	Principal
Next review date	February 2024