

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact YarraMe 9478 8895

PURPOSE

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

SCOPE

This policy applies to:

1. all staff, including casual relief staff and volunteers
2. 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

YarraMe 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:

1. swelling of the lips, face and eyes
2. hives or welts
3. tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

1. difficult/noisy breathing
2. swelling of tongue
3. difficulty talking and/or hoarse voice

4. wheeze or persistent cough
5. persistent dizziness or collapse
6. student appears pale or floppy
7. 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 YarraMe 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 YarraMe 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 YarraMe School and where possible before the student's first day.

Parents and carers must:

1. obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
2. 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
3. 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
4. provide the school with a current adrenaline autoinjector for the student that has not expired;
5. participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

1. 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
2. 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
3. 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
4. the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
5. information about where the student's medication will be stored
6. the student's emergency contact details
7. 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:

1. as soon as practicable after the student has an anaphylactic reaction at school
2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
3. 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

In the classroom (including class rotations, specialists and electives)

1. Keep a copy of the student's ASCIA Action Plan in the classroom roll book.
2. Liaise with parents/carers about food related activities ahead of time.
3. Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
6. A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
7. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
8. Wipe down tables and surfaces regularly.
9. Assistant Principal/CRT coordinator will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the school's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan
10. Volunteers who work with children at risk of anaphylaxis will be briefed on the preventative strategies in place, and the school's emergency procedures.

In the school yard

- 1 Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the General Office.
- 2 Yard Duty staff can identify by face those students at risk of anaphylaxis
- 3 Yard Duty bags contain the following information, which can be retrieved quickly: Communication Alert Cards to notify the General Office/staffroom of an anaphylactic reaction in the yard, a back-up Junior and Standard Adrenaline Autoinjectors labelled for use by the appropriate children, and a laminated copy of each child's ASCIA Action Plan.
- 4 Students are supervised in the playground before school from 8:45 to 9 am, and after school from 3:30 to 3:45 pm under the same conditions as above.
- 5 Students at-risk to insect bites will be encouraged to stay away from water or flowering plants. The school will liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.

6 Students should keep drinks and food covered while outdoors

During special events (eg: sports, incursions, class parties, cultural days)

- 1 If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
- 2 Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
- 3 Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
- 4 Food should not be used in activities or games, or as rewards.
- 5 Party balloons and swimming caps should not be used if a student is allergic to latex.
- 7 Lawns and grass are mowed regularly, and outdoor bins are covered

On School Excursions

1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions such as Wylie Reserve.
2. A mobile phone must be taken on all excursions, including local excursions.
3. A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
4. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
5. The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their student.
6. Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
7. Consider the potential exposure to allergens when consuming food on buses.

Risk Minimisation Strategies

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

1. *staff and students are regularly reminded to wash their hands after eating;*
2. *students are discouraged from sharing food*
3. *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
4. *gloves must be worn when picking up papers or rubbish in the playground;*
5. *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
6. *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
7. *a general use adrenaline autoinjector will be stored at the school canteen, office and in the yard duty bag for ease of access.*
8. *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.*

Adrenaline autoinjectors for general use

YarraMe 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 1st Aid cupboards and kits and labelled "general use".

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

1. the number of students enrolled at YarraMe School at risk of anaphylaxis
2. the accessibility of adrenaline autoinjectors supplied by parents
3. 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
4. the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
5. 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 Oh & S Rep and stored on the 1st Aid notice boards and in the student's file. 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.	<ol style="list-style-type: none">1. Lay the person flat2. Do not allow them to stand or walk3. If breathing is difficult, allow them to sit1. Be calm and reassuring2. Do not leave them alone3. 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 on 1st Aid notice boards and in the student's file4. If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
5.	<p>Administer an EpiPen or EpiPen Jr</p> <ol style="list-style-type: none">1. Remove from plastic container2. Form a fist around the EpiPen and pull off the blue safety release (cap)3. Place orange end against the student's outer mid-thigh (with or without clothing)4. Push down hard until a click is heard or felt and hold in place for 3 seconds5. Remove EpiPen6. Note the time the EpiPen is administered

	<p>7. Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</p> <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <p>8. Pull off the black needle shield</p> <p>9. Pull off grey safety cap (from the red button)</p> <p>10. Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</p> <p>11. Press red button so it clicks and hold for 10 seconds</p> <p>12. Remove Anapen®</p> <p>13. Note the time the Anapen is administered</p> <p>14. Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
15.	Call an ambulance (000)
16.	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.
17.	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 YarraMe School's website so that parents and other members of the school community can easily access information about YarraMe School's anaphylaxis management procedures. The parents and carers of students who are enrolled at YarraMe 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 YarraMe 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 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.

YarraMe School uses the following training course <https://etrainingvic.allergy.org.au/> (with 22579VIC, or 22578VIC or 10710 NAT).

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

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 Principal and OH & S Officer. 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 YarraMe 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 by the OH & S Officer [insert where you maintain a record of staff training eg through the school's online Emergency Management Plan] [NOTE: A record of all staff anaphylaxis management training courses and the dates of the twice yearly briefing sessions should be maintained as evidence of compliance with the training requirements of Ministerial Order 706 – Anaphylaxis Management in Victorian Schools. The record should include the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice yearly briefing to staff (if this is all staff you can just write 'all staff'). You can record these details in your online EMP or any other document.]

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	Staff 1/6/22 SC 20/6/22
Approved by	Principal 20/6/22
Next scheduled review date	20/6/24 – every 1 year

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.